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## **SECTION D SUPERVISOR**

**Persons applying as a Supervisor must meet the following requirements (If applicable please check):**

I do not have violations or pending actions on my license as a result of a formal complaint.

I possess a current NCPG or CCPG counselor certification. Copy attached.

I have a minimum of 5 years documented clinical experience in treatment of problem and pathological gamblers.

I am not NCPG or CCPG certified, but have attached a peer letter of reference attesting to level of skill/experience in treating problem and pathological gamblers. Copy attached.

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## **SECTION E PROGRAM INFORMATION:**

**To be eligible, each provider's program must be equipped to assist in developing outreach to serve multicultural and geographically diverse populations. Respond to the following items in writing and attach to application. Responses shall include any information about experience and/or expertise that demonstrates ability to provide the services requested.**

**A.** Describe the design of services at your agency/practice. Include information about where services will be delivered and any special or unique services that you or your agency will offer.

**B.** Describe the target population of your proposed service. Include any special populations for which your agency/practice has expertise such as specific age groups, gender, geographic locations, foreign languages, ethnic groups, and presenting problems such as substance abuse, legal issues, etc.

**C.** Describe how your agency/practice will increase the participation of affected persons in the treatment process for problem gamblers.

**D.** Describe how your agency/practice has historically received referrals for problem gambling services and any plans the agency has for maintaining, changing or improving the process in the calendar year.

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## **SECTION F APPLICANT CERTIFICATION:**

**I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Deputy Director of any additions/changes to the information.**

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **SECTION G DISABILITY:**

"If you need a disability-related reasonable accommodation/alternative format for this training, please contact (UCLA) at the number listed below two weeks prior to the event."

**Mail the application and all required documentation to:  
Semel Institute for Neuroscience and Human Behavior at UCLA  
760 Westwood Ave Room C8-887  
Los Angeles, CA 90024  
Attention Dr. Timothy Fong**

**Fax the completed application and supporting documentation to:  
UCLA Gambling Studies Program 310-825-0301  
[uclagamblingprogram@mednet.ucla.edu](mailto:uclagamblingprogram@mednet.ucla.edu)**

If there was a problem with this fax please call **(310) 825-4845**