



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

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CGC AGC APPLICATION FORM

APPLYING FOR:	_____ CGC	_____ AGC
NAME	Surname	First Name
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS	Name	
ADDRESS	Street	City
	Province	Postal Code
TELEPHONE	Home	Business
E-MAIL	Home	Business

SPECIFIC EDUCATION

List all professional counselling degrees or credentials for certification as a gambling counsellor to meet the 60 Hours of gambling-specific training are required for full certification (CGC) or 30 Hours of gambling-specific training are required for associate certification (AGC).

Degree/Credential	Institution	Number of Hours

WORK EXPERIENCE

Present Position Title	Length of Time in this position
Type of Business	Number of employees supervised/managed

COUNSELLING / OTHER EXPERIENCE

List recent positions / counselling work experience, paid or volunteer, to meet the 20 hours of required experience.

From	To	Title	Employer	Type of Work	Number of Counselling Hours

If you are currently enrolled in further education, please complete the following

Name of University, College or Institution	Web Address
Faculty/Department	Course(s)

RELATED DATA

Please provide data on any other position held or experience gained which is considered necessary to establish the grade of certification to which you are entitled. Examples are: Consulting, lecturing, Voluntary Offices held, Management, Technical or Scientific Papers printed or presented. (Add additional pages if required.)

Please initial:

_____ Yes I have read and will adhere to the Counsellor Code of Ethics

Please indicate where you received training/education related to the following core competency areas:

Basic knowledge about gambling and treatment including:

History of gambling _____

Types of gambling _____

Relevant definitions and terminology _____

Significant literature in the field _____

Counselling Skills:

Interviewing Approaches and Techniques _____

Conflict Management _____

Screening Processes _____

Assessment Processes _____

Treatment Planning _____

Crisis Intervention _____

Relapse Prevention _____

Effects on Family and Social Network _____

Financial Counselling _____

Comments:

Signature

Date

Any information provided on this application is for use of the CCPC for certification purposes only. This application must be accompanied by the appropriate forms and registration fee. Please make cheque or money order payable to the CCPC. Do not send cash. Please advise us of a change of address.

To pay by Credit Card, complete the following:

Credit Card Type: _____ Visa _____ Master Card _____ American Express

Card #: _____ **Expiry:** _____

Name on Card: _____ **(Pls print)**

Authorizing Signature: _____