



**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:** \_\_\_\_\_