APPLICATION INSTRUCTION FORM   A-4

Gambling Information Specialist

PLEASE SEE AND READ ALL THE INSTRUCTIONS BEFORE PROCEEDING

• Complete the Application Form A-5
• Read and sign the Personal code and Ethical Standards A-6
• Read and sign the Consent To Release of Information A-7
• Read the Guidelines of Self Evaluation A-8
• Document all of your education hours on A-9 and a copy of each document must be included with package.
• Complete the Self Evaluation Form A-10

When all forms have been completed mail package to the: Canadian Problem Gambling Certification Board, PO Box 37055 Bella Vista Plaza PO, Windsor, Ontario, N9H 2N8.

Supervisor’s Section

Request that your qualified supervisor read and complete the Supervisor’s Evaluation forms. S-1 to S-5 must be given to Supervisor. Following the completion of these forms, have your supervisor mail the forms directly to the address below.

Colleague’s Section

Request that a colleague complete the colleague’s Evaluation forms and mail directly to the address below.

Please allow up to 6-8 weeks processing time for approval of your application.

Once you receive written notice of approval for certification, you will be required to pay a final fee of $200. Once your certification fee is processed, you will receive your Gambling Information Specialist designation and certificate which allows you to use the designation for 2 years.

All Gambling Information Specialists must re-certify every two (2) years to maintain their designation.

Please return this application with all the required documentation and your cheque in the amount of $100 to:

Canadian Problem Gambling Certification Board
PO Box 37055 Bella Vista Plaza PO
Windsor, Ontario, N9H 2N8, Canada
Toll Free: 1-877-421-1181, Fax 519-739-0315
CERTIFICATION APPLICATION FORM  A-5
Gambling Information Specialist

Name ________________________________________________________________

Address __________________________________________________________________________

City ___________________________ Province _____________________________
Postal Code_________________________ Telephone (days) _________________________
Email ______________________________________________________________

Current Occupation _______________________________________________________
Employed by _____________________________________________________________

Are you currently licensed or certified?  Yes_____ No______(Please list below)
License/Credential _______________________________________________________
Number __________________________ Provincial/National ______________________

Work experience in gambling information and referral: Description of Direct Service and Indirect Service (Total of 2,500 hours – 350 Direct Services and 2,150 indirect services).

Job title(s):______________________________________________________________

Length of time in each position:_____________________________________________

Total number of supervised hours at application ________________________________

Time frame in which hours were completed (part time, full time, and volunteer hours) and brief description:______________________________________________________________

Supervisor’s Signature ___________________________________________________
Dated ________________________________________________________________

Applicant’s Signature _____________________________________________________
Dated ________________________________________________________________
PERSONAL CODE AND ETHICAL STANDARDS A-6
(To be read and signed by the applicant and a witness.)

1. I shall commit to providing the best information to individuals seeking information or assistance whether their goal is managing their gambling, stopping gambling or seeking help for a friend or family member.

2. I shall commit to maintaining an objective, non-exploitative, professional relationship with individuals at all time.

3. I shall commit to recognizing when I need to refer an individual to other services for information, advice or assistance.

4. I shall commit to any and all guidelines and policies pertaining to the confidentiality of all records, material and knowledge concerning individuals. These could come from my employer or the gaming venue or both.

5. I shall not discriminate against any individual or my fellow employees by way of race, religion, gender, sexual orientation, age, disability or any other factor.

6. I shall adhere to the policies and guidelines of the agencies, institutions or gambling venue that I work in and will take initiative towards improving and revising such policies when it will better serve the interest of the individual.

7. I shall commit to assessing my own personal strengths, limitations, biases and effectiveness on a continuing basis. I shall continually strive for self-improvement. I shall be personally responsible for my professional growth through further education and training.

8. I shall avoid claiming or implying any personal capabilities or professional qualifications beyond those I have actually attained.

9. I shall be responsible for my own conduct in all areas, including misuse of gambling, alcohol and other drugs.

Applicant name ____________________________

(Please print or type.)

__________________________________________
Applicant’s Signature

______________________________
Witness/Supervisor’s Signature

______________________________
Date
CONSENT TO RELEASE OF INFORMATION A-7

I give permission to the Canadian Problem Gambling Certification Board to request information from my present and past employers, and any institution or agency with which I am or have been associated. Information may be obtained from any individual (from my associations above), to determine my professional competence and ethical character.

I consent to the Canadian Problem Gambling Certification Board consulting with any person who may have information on my competence and ethical standards of behaviour.

I consent to Canadian Problem Gambling Certification Board inspecting any documents or records necessary to determine my “acceptable standard” for certification.

I hereby release from any liability all representatives of Canadian Problem Gambling Certification Board and all individuals and organizations who provide information to the Canadian Problem Gambling Certification Board while acting in good faith, to determine my credentials and character.

I am aware that any false or misleading information deliberately given will be considered a serious matter, and will be dealt with accordingly.

_______________________________                  ___________________________
Applicant’s Name                     Date

Applicant’s Name (Please print or type)

_______________________________                  ___________________________
Applicant’s Signature                     Date
The 10 Point Scale used on the evaluation forms may seem somewhat subjective to you as you attempt to rate yourself. We hope the following guidelines will help you.

A rating of 9 or 10 means that the Gambling Information Specialist is significantly above average in mastery of the skills required.

A rating of 7 or 8 means that the Gambling Information Specialist meets competency requirements with respect to the criteria involved.

A rating of 6 indicates that the Gambling Information Specialist meets the minimal level of competency with respect to criteria. This rating implies that, although the performance is satisfactory, further development, growth or improvement is required.

A rating of 5 or less indicates that the Gambling Information Specialist is not meeting the required standard of competency required.
SPECIFIC GAMBLING EDUCATION HOURS A-9

<table>
<thead>
<tr>
<th>LIST NAME OF COURSES/WORKSHOPS/CONFERENCE/WEBINAR</th>
<th>DATE ATTENDED</th>
<th># HOURS</th>
</tr>
</thead>
</table>

Please submit proof of the education hours attended with a letter/certificate verifying attendance/completion of education hours received.