



Provider/Clinical Guidance Professional Enrollment Application

To be eligible to receive reimbursement on a fee-for-service basis, the potential service provider must complete the information requested below and agree to all terms.

SECTION A - INDIVIDUAL:

NAME: _____
first middle last

ADDRESS: _____
city state zip

PHONE: _____ Fax: _____ E-mail: _____

Are you an employee of the California University System? YES NO

SECTION B - AGENCY or GROUP PRACTICE:

AGENCY/PRACTICE NAME _____

FEDERAL TAX ID _____

ADDRESS: _____
city state zip

PHONE: _____ FAX: _____ E-mail: _____

COUNTY IN WHICH YOUR PRACTICE IS LOCATED _____

SECTION C - MINIMUM ELIGIBILITY REQUIREMENTS:

PROFESSIONAL LICENSES (Submit copies of all licenses):

LICENSE	LICENSE NUMBER	ISSUING BODY	DATE VALID THROUGH

Have you ever voluntarily surrendered a license or certificate? YES NO If yes, please explain _____

Have any of your license(s) or certificate(s) ever been revoked? YES NO If yes, please explain _____

Have any of your license(s) or certificate(s) ever been suspended? YES NO If yes, please explain _____

To be admitted into problem gambling provider training you must meet the following requirements (If applicable please check):

I have professional liability insurance (malpractice). Copy attached.

I am licensed in California to engage in the practice of mental health.

I own a personal computer with access to the Internet.

SECTION D - Clinical Guidance Professional

Persons applying as a Clinical Guidance Professional 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 gambling disorder.

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

SECTION E - PROGRAM INFORMATION: (ALL applicants must complete)

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 private practice/agency. Include information about where services will be delivered and any special or unique services that you or your private practice/agency will offer.

B. Describe the target population of your proposed service. Include any special populations for which your private practice/agency 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 private practice/agency will increase the participation of affected persons in the treatment process for gambling disorder.

D. Describe how your private practice/agency 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.

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 Chief of any additions/changes to the information.

Name (Please print)

Title

Signature

Date

**SECTION G
DISABILITY:**

"If you need a disability-related reasonable accommodation/alternative format for CalGETS training, please contact (UCLA) at (310) 825-4845 two weeks prior to the event."

Fax the completed application and all required supporting documentation to:

310-825-0301

or email to: UGSP@mednet.ucla.edu

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

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