



GAMBLING DISORDER ENDORSEMENT NOTIFICATION OF SUPERVISORY RELATIONSHIP

Applicants who have not completed the required 100 hours of gambling disorder direct clinical experience at the time of application must register a supervisor with the Board to be eligible to obtain the Preliminary Gambling Disorder Endorsement.

1. Name of
Applicant:

First Middle Last

License #: _____

2. Name of
Supervisor:

First Middle Last

License #: _____

3. Supervisor's
Credentials:

LICDC/LICDC-CS with Gambling Disorder Endorsement

LISW/LISW-S with demonstrated competency in gambling disorder treatment

LPCC/LPCC-S with demonstrated competency in gambling disorder treatment

Licensed Psychologist with demonstrated competency in gambling disorder treatment

4. Supervision
Site:

Name of Organization

5. Supervision Site Address:

I verify that I will provide one hour of clinical supervision for every 40 hours of gambling disorder direct clinical experience worked at the listed supervision site for the above named individual.

Supervisor's Signature

Date