



GAMBLING DISORDER ENDORSEMENT EXPERIENCE VERIFICATION FORM

This form is provided to document the required 100 hours of gambling disorder direct clinical experience.

INSTRUCTIONS TO APPLICANT:

- Complete Part A and sign the Waiver of Liability before giving this form to your supervisor.

PART A: TO BE COMPLETED BY THE APPLICANT

1. Name of
Applicant:

First

Middle

Last

Social Security #: _____

2. Employer name and address:

3. Job Title of
Applicant:

WAIVER OF LIABILITY

I, _____ hereby authorize _____
(applicant) (supervisor)

to provide to the Board all information which the Board may deem relevant to my qualifications as an applicant for endorsement. I hereby release and discharge the supervisor from all claims arising out of the provision of such information.

Signature of Applicant

Date

GAMBLING DISORDER ENDORSEMENT SUPERVISOR REFERENCE FORM

This form is provided to document the required 100 hours of gambling disorder direct clinical experience.

INSTRUCTIONS TO SUPERVISOR:

- Review Part A of this form. Do not sign this form until you have reviewed Part A.
- Complete Part B ONLY if the waiver of liability has been signed by the applicant.

PART B: TO BE COMPLETED BY SUPERVISOR

1. Name of Supervisor: _____ Title: _____

2. Professional credentials and/or licenses you hold: _____

3. Name of Applicant supervised: _____

4. Dates you have supervised this Applicant's gambling disorder direct clinical experience: From _____ to _____
mo/yr mo/yr

Total hours of applicant's gambling disorder direct clinical experience at this setting: _____

Total number of hours of clinical supervision with this applicant: _____

5. Are you aware of any unethical professional behavior by this applicant?

_____ Yes, please attach an explanation.

_____ No

6. Do you recommend the applicant for certification?

_____ Yes, without reservation

_____ No, please attach an explanation.

I verify the above named individual has completed the above listed hours of gambling disorder direct clinical experience under my supervision.

Supervisor's Signature

Date