

**Oregon Health Authority Problem Gambling Services**  
**Certification Consultation Program**  
**Candidate Agreement & Registration Form**

*The Oregon Health Authority Problem Gambling Services Program's (OHA PGS) Certification Consultation Program creates an opportunity for counselors working towards certification as a Certified Gambling Addiction Counselor (CGAC) to work with Mental Health and Addiction Board of Oregon (MHACBO) Approved Certification Consultants for their candidacy-required certification consultation hours, with financial support through the OHA PGS Workforce Development Fund, as administered by the Oregon Council on Problem Gambling. Candidates are eligible for the Certification Consultation Program if they are working as Problem Gambling Treatment Staff in one of the following:*

1. *An agency providing OHA PGS-contracted problem gambling services, or*
2. *An agency providing problem gambling services through Medicaid, or*
3. *An approved Integrated Co-Occurring Disorders (ICD) program.*

*By completing this form, the Certification Candidate, the Candidate's Employing Agency, and the Certification Consultant agree to follow the guidelines of the program, which are as follows:*

- Certification Candidate will attend a minimum of four hours of consultation per quarter with at least one hour of individual consultation with their named consultant and one hour of group consultation with any approved consultant. Additional hours are acceptable but will be funded by outside agreement between the candidate and consultant.
- Private Health Information and issues of health & safety of clients will not be shared in consultation sessions or groups. Matters concerning PHI and health & safety must be addressed by on site supervisors.
- Candidate consents to communication between Certification Consultant and On-Site Administrator/Supervisor regarding their work.
- This program DOES NOT include review of client charts held at the agency. The employing agency is responsible for chart reviews and health and safety.
- Candidate will submit a quarterly report to OHA PGS/OCPG using the approved form, for each calendar based quarterly period they are participating in the program.
- Reports will be due as follows:
  - Jan through Mar – Due Apr 30<sup>th</sup>
  - Apr through Jun – Due Jul 31<sup>st</sup>
  - Jul through Sep – Due Oct 31<sup>st</sup>
  - Oct through Dec – Due Jan 30<sup>th</sup>
- Failure to submit a quarterly report on the required form by date due will result in removal of candidate from the program for a minimum of six months.
- Candidate understands that OAR 309-019-0125 requires that they document progress towards certification and must attend consultation sessions regularly in order to do so.
- Consultants, as independent contractors, will carry their own professional liability/malpractice insurance.

- In person meetings are allowable, however travel expenses will not be paid by this program.
- Candidate understands that they are required to meet all MHACBO requirements for the CGAC certification. Candidate will:
  - Register with MHACBO as a CGAC candidate within 30 days of hire or appointment as a Problem Gambling counselor.
  - Complete 30 CEU's of Problem Gambling specific training per MHACBO requirements as soon as trainings are available.
  - Complete MHACBO approved examination per MHACBO guidelines.
  - Exercise due diligence in obtaining required experience hours.
- Candidate, Employing Agency and Certification Consultants are required to notify all involved parties, including OHA PGS, of staff changes (including Agency Administrators) within seven days.
- If candidate and Certification Consultant terminate their consultation relationship, a new agreement indicating the new Certification Consultant for the candidate will be submitted to OHA PGS/OCPG within 30 days.

Name of Employing Agency: \_\_\_\_\_

Candidate Name: \_\_\_\_\_

Candidate Email Address: \_\_\_\_\_

Candidate Telephone Number: \_\_\_\_\_

Candidate Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Administrator Name: \_\_\_\_\_

Agency Administrator Email Address: \_\_\_\_\_

Agency Administrator Telephone Number: \_\_\_\_\_

Agency Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Certification Consultant Name: \_\_\_\_\_

Certification Consultant Email Address: \_\_\_\_\_

Certification Consultant Telephone Number: \_\_\_\_\_

Certification Consultant Signature: \_\_\_\_\_

Date: \_\_\_\_\_