

**Oregon Health Authority Problem Gambling Services**

**Certification Consultation Program**

**Semi-Annual Candidate Report**

Report # (1-3): \_\_\_\_\_

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

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

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

Individual Sessions Consultant Name: \_\_\_\_\_

| Individual Session # | Date of Individual Session |
|----------------------|----------------------------|
| 1                    |                            |
| 2                    |                            |

| Group Session # | Date of Group Session | Name of Group Consultant |
|-----------------|-----------------------|--------------------------|
| 1               |                       |                          |
| 2               |                       |                          |
| 3               |                       |                          |
| 4               |                       |                          |
| 5               |                       |                          |
| 6               |                       |                          |

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

**Submit form to [pgs.support@dhsaha.state.or.us](mailto:pgs.support@dhsaha.state.or.us) when completed**