

Oregon Health Authority Problem Gambling Services

Certification Consultation Program

Quarterly Candidate Report

Report # (1-6): _____

Date: _____

Candidate Name: _____

Candidate Email Address: _____

Individual Sessions Consultant Name: _____

Quarterly Requirement: 1 individual and 1 group required plus 2 additional hours of any combination

Quarter 1: Jan-Mar- report due in Apr

Quarter 2: Apr-Jun - report due in Jul

Quarter 3: Jul-Sep - report due in Oct

Quarter 4: Oct-Dec - report due in Jan

Individual Session #	Date of Individual Session
1	
2	
3	

Group Session #	Date of Group Session	Name of Group Consultant
1		
2		
3		

Candidate Signature: _____ **Date:** _____

Email completed forms to pgs.support@odhsoha.oregon.gov