

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 -- while working in an agency providing problem gambling services, as Problem Gambling Treatment Staff – to work with Mental Health and Addiction Board of Oregon (MHACBO) Approved Clinical Consultants for their MHACBO CGAC (Certified Gambling Addiction Counselor) candidacy required certification consultation hours, with financial support through the OHA PGS Workforce Development Fund, as administered by the Oregon Council on Problem Gambling.

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 one individual consultation session (1 hour long) per quarter with their named consultant. Additional hours are acceptable but will be funded by outside agreement between the candidate and consultant.
- Certification Candidate will attend a minimum of three group sessions per quarter. Candidate can attend any group session (one-hour duration) that is facilitated by a OHA PGS Certification Consultation Program 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 six-month report to OHA PGS/OCPG using the approved form, for each six-month period they are participating in the program.
- Failure to submit a six-month 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 60 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: _____

Submit form to pgs.support@dhsosha.state.or.us when completed