Oregon Health Authority/Oregon Council on Problem Gambling (OCPG):
Problem Gambling Services
Training Subsidy Request Form

Disclaimer: Subsidy available while funds available.

DIRECTIONS: Fill out and return to pgs.support@dhsoha.state.or.us. Please include registration brochure or flyer of training with your form. You will be notified if you are eligible for the training subsidy (including how much you have qualified for) within 7 business days. You will pay all fees upfront and receive the specified subsidy amount by check via mail from the Oregon Council on Problem Gambling once attendance at training is verified.

The subsidy application is intended to offset some, but not all, of the costs of training for eligible participants (see below) and only if fees are not covered by your agency or another payer.
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Eligibility:
1. Provider of state-funded problem gambling prevention/treatment/outreach services program or member of PGS advisory group, or
2. Key statewide or local partner and/or serving an underserved population, as determined by OHA/PGS.
3. Requested certification must be associated with the current work you are doing.

Name of Training: _____

Name on Reimbursement Check (please print legibly): _____

Mailing Address: _____

Phone: _____   Email: _____

Employer: _____

What is your role in problem gambling prevention/treatment?

What knowledge and/or skills will this training help you to build? Be specific and give an example.

How will this training improve your work with individuals, families, or communities who are impacted by gambling? Give an example.

The following subsidies are available, but **<u>only</u>** if you are **eligible** and **only** if these costs are not covered by your employer or another entity; the subsidies are not meant to fully cover the costs but to offset them:

_____ Hotel ($75) -travel must be greater than 70 miles one-way to be eligible for compensation of lodging.

_____ Travel- $10 per 100 miles traveled, up to $100 maximum ____miles traveled (roundtrip)

_____ Registration Cost

Total requested: $_____