



Massachusetts Council on Compulsive Gambling

We understand the problem. We can help.

Massachusetts Problem Gambling Specialist (MA PGS) Certificate Requirements and Application

Introduction:

The Massachusetts Problem Gambling Specialist (MA PGS) Certificate was created through a partnership between the Massachusetts Council on Compulsive Gambling (Mass. Council) and the Massachusetts Department of Public Health/Bureau of Substance Abuse Services (DPH/BSAS). This certificate is a result of an ongoing integration project to help substance use disorder clinicians to understand and recognize the importance of screening, assessing and treating gambling disorders within their current clinical populations and in clients that present with gambling disorders as their primary diagnosis.

The Mass. Council and DPH/BSAS encourage all certified and licensed substance use disorder clinicians to meet the minimal requirements set forth to receive a MA PGS Certificate so that they can meet the needs of the ever-growing population of clients that have comorbid disorders; both the Mass. Council and DPH/BSAS are willing to provide as much assistance and education/training to assist in this process.

Who is the Massachusetts Council on Compulsive Gambling?

The Massachusetts Council on Compulsive Gambling is a private non-profit health organization dedicated to reducing the social, financial and emotional costs of problem gambling. We operate within these five primary programmatic areas.

- Education, Training, and Technical Assistance
- Information and Public Awareness
- Advocacy for Problem Gambling Services and Policy Development
- Helpline and Referral
- Recovery Supports

If you have any questions about specific programs or information, please don't hesitate to contact the Council for additional information:

**Massachusetts Council on Compulsive Gambling
MA PGS
991 Providence Highway
Norwood, MA 02062
617.426.4554 (office)
800.426.1234 (helpline)
masscompulsivegambling.org**

MA PGS CERTIFICATE REQUIREMENTS

Applicants may receive the MA PGS certificate subject to the following requirements:

- **Education and Work Requirements (please provide us with proof of educational attainment or licensure):**
 - Master's or doctoral degree with 3 yrs. of addiction-related clinically-supervised experience, or a
 - Bachelor's degree with 4 yrs. of addiction-related clinically-supervised experience, or a
 - High School diploma with an internship and 5 years of addiction-related clinically-supervised experience.
- **Problem Gambling Specific Training Requirements:**
 - 30 CEUs hours of gambling specific training that may include face-to-face or online trainings. Submitted CEUs will be reviewed by the Massachusetts Council on Compulsive Gambling.
- **Clinical Supervision Requirements:**
 - On-going documented supervision regarding gambling-specific or addiction disorder cases with a supervisor. The letter from your supervisor must state that you receive regular clinical supervision and that problem gambling issues will be discussed as they arise with clients.
 - *This requirement is not necessary if you are an independent practitioner in private practice (example: LICSW) but you must instead provide proof of your independent license and that you are in good standing.*
- **Continuing Education Requirements for Renewal:**
 - 15 hours of gambling-specific CEUs and proof of continued clinical supervision regarding problem gambling treatment biennially.
- **Ethical Code of Conduct and Disciplinary History:**
 - Every clinician with a MA PGS certificate must indicate that they will adhere to the ethical code of conduct set forth. Additionally, he/she must complete the Disciplinary History form.

What Does a MA PGS Certificate do for you?

- Offers others an easy way to comprehend your professional experience and understanding of gambling disorders
- Allows access to a community and discussion regarding gambling disorder treatment in the Commonwealth of Massachusetts
- Ensures that you have up to the minute information from the MA Council regarding research, upcoming trainings, etc.
- Allows your treatment agency or private practice to be added to the Council's Helpline & web-based referral lists.

APPLICATION INSTRUCTION FORM

PLEASE READ ALL THE INSTRUCTIONS BEFORE PROCEEDING. PLEASE ALSO TYPE ALL DOCUMENTS.

1. Read the enclosed application thoroughly.
2. Complete MA PGS Certificate Application form.
3. Read and sign the Professional Code and Ethical Standards form, and the Consent to Release of Information form.
4. Attach documentation of gambling specific training requirements and proof of education/licensure.
5. Read the MA PGS Clinical Supervision information and attach all necessary information (letter or proof of independent license)
6. Please mail all documentation with an application fee of \$100 via check payable to the *Mass. Council on Compulsive Gambling* or via our on-line payment system at <https://masscompulsivegambling.org/trainings-events/certificate-program-ma-pgs/>

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Note: Please allow up to 6-8 weeks processing time for approval or denial of your application. This is a rolling application process and Certificate applications will be received and considered throughout the year.

Once you receive written notice of approval and documentation of the MA PGS certificate, you are required to maintain that certificate.

In order to maintain your certificate, recipients must send documentation of 15 hours of gambling-specific education and a \$75 processing fee every two years from the date of your application.



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MA PGS CERTIFICATE APPLICATION FORM

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (home): _____ (work): _____ (cell): _____

Email (home): _____

Email (work): _____

Current Employer _____ Job Title _____

Are you currently licensed or certified? Yes _____ No _____ License #: _____

Education and Work Requirements: *Please check and provide a copy of your diploma, CEUs, and other documents*

- ☐ Master's or doctoral degree with 3 years of addiction-related clinically-supervised experience, or a
- ☐ Bachelor's degree with 4 years of addiction-related clinically-supervised experience, or a
- ☐ High School diploma with an internship and 5 years of addiction-related clinically-supervised experience.

Problem Gambling Specific Training Requirements

- ☐ 30 CEUs hours of gambling specific training that may include face-to-face or online trainings. Submitted CEUs will be reviewed by the Massachusetts Council on Compulsive Gambling.

Clinical Supervision Requirements

- ☐ On-going documented supervision regarding gambling-specific or addiction disorder cases with a supervisor. The letter from your supervisor must include clinical interest in the treatment of gambling disorders.
- ☐ This requirement is not necessary if you are an independent practitioner in private practice (example: LICSW) but you must instead provide proof of your independent license and that you are in good standing.

Ethical Code of Conduct

- ☐ Every clinician with a MA PGS certificate must indicate that they will adhere to the ethical code of conduct set forth.

Clinicians with a MA PGS Certificate are encouraged to go on to receive one or both national certifications available (CAS or NCGC).

☐ Would you like to receive treatment referrals for your agency from the Massachusetts Council on Compulsive Gambling? If yes, please provide the following referral information: contact information, fees, insurance coverage, and any other important referral information.

☐ Would you like to receive treatment referrals for private practice from the Massachusetts Council on Compulsive Gambling? If yes, please complete the PRIVATE PRACTICE form.

Please return this application with all the required documentation and ***your check in the amount of \$100 or proof of online payment to:***

**Massachusetts Council on Compulsive Gambling
MA PGS
991 Providence Highway
Norwood, MA 02062**



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If you are in private practice with an individual liability policy and wish to be added to our private practice referral list, please submit this form

**PRIVATE PRACTICE
REFERRAL INFORMATION FORM**
(Please print clearly)

Name: _____ Credentials: _____

Name & Address of Practice: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Fax: _____

*Email: _____

Website: _____

Please list payment options: (i.e. insurance taken, sliding scale, set fee, etc.)

Days/hours of the week open: _____

I currently maintain professional liability insurance: _____ Yes _____ No

through the following insurer: _____

(insurer name and address)

**Please submit a copy of liability insurance*

Do you also treat family members of the problem gambler? _____ Yes _____ No

Any other specialties? If so please list: _____

Signature: _____

Date: _____

* For our records only, not given to client unless you specifically stated otherwise



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PERSONAL CODE AND ETHICAL STANDARDS

(To be read and signed by the applicant and a witness.)

1. I will support all personal and professional efforts toward a primary goal of recovery for myself, the client and his/her family.
2. I will be and remain committed to the highest quality therapeutic care for those who seek my professional services.
3. I will contribute myself and my work to the best interest of my client and his/her needs.
4. I will preserve an objective, professional relationship with the client at all times and use my clinical supervision resources if this relationship falls out of balance.
5. I will follow the laws and regulations pertaining to the confidentiality of all records, material and knowledge concerning the client and equal service to all clients.
6. I will adhere to all policies and management functions within my institution, and advance said policies and functions with my clients.
7. I will continue to assess my own personal strengths, limitations, biases and effectiveness regularly and understand my responsibility for professional growth through further education and training.
8. I will manage my own conduct in all areas, including abuse or misuse of gambling, alcohol and other drugs and other addictive behaviors.
9. I will only state any personal capabilities or professional qualifications actually gained.
10. I will not impose my own view on gambling or any issues related to gambling on my clients.

Applicant's name (Please print or type):

Applicant's signature

Date: _____

Witness/Supervisor's signature

Date: _____



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DISCIPLINARY HISTORY

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction?

- ☐ Yes
☐ No

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction?

- ☐ Yes
☐ No

C. Have you voluntarily surrendered or resigned a professional license (does not include non-renewal or expired licenses) to a licensing/certification board in the United States or any country or foreign jurisdiction?

- ☐ Yes
☐ No

D. Have you ever been denied a professional license in the United States or any country or foreign jurisdiction?

- ☐ Yes
☐ No

If you have answered “yes” to any of the above, please explain in the space provided:

Reviewed by: _____

Date: ____/____/____



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CONSENT TO RELEASE OF INFORMATION

I give permission to the Massachusetts Council on Compulsive Gambling to request information from my present and past employers, and any institution or agency with which I am or have been associated. Information may be obtained from any individual (from my associations shared in this document), to determine my professional competence and accomplishments.

I consent to Massachusetts Council on Compulsive Gambling inspecting any documents or records necessary to determine my “acceptable standard” to receive the MA PGS certificate.

I hereby release from any liability all representatives of Massachusetts Council on Compulsive Gambling and all individuals and organizations who provide information to the Massachusetts Council on Compulsive Gambling while acting in good faith, to determine my credentials.

I am aware that any false or misleading information deliberately given will be considered a serious matter, and will be dealt with accordingly. I understand that this release expires one year from the signature date.

Applicant's Name (Please print or type)

Applicant's Signature

Date



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MA PGS CLINICAL SUPERVISION REQUIREMENTS

Please provide documentation of your ongoing supervision regarding gambling disorder cases with a supervisor.

This documentation must include:

- Proof and description of direct contact with supervision regarding gambling disorder and/or addiction cases (Group or individual supervision allowed—time spent in staff meetings or administrative meetings is not)
- A description of the supervised work position and work setting/program during the clinical supervision
- The supervisor's signature and/or sign-off on the supervision.
- The supervisor's professional qualifications

*If you are a licensed, independent practitioner in private practice, you are not required to show proof of supervision. **You must instead include:**

- A copy of your independent license showing that you are in good standing.