

APPLICATION (A.1)
To Be Completed By Applicant

Today's Date: ____/____/____

The below requested information should be the contact information the applicant wishes the California Certification Board to use regarding all certification matters. **Please print or type all information.**

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: (____) _____ - _____ Home: (____) _____ - _____

Fax: (____) _____ - _____ Email: _____

Current Occupation: _____

Company: _____

Work Supervisor's Name: _____

CCGC Clinical Consultant (*Please see list*): _____

Applying for: (*circle one*) **CCGC - I** **CCGC - II**

Are you currently licensed or certified? Yes No

If yes, please list your licenses or credentials. Indicate numbers and whether they are State or National level. **NAADAC members, please include evidence of current membership.**

<u>License/Credential</u>	<u>Number</u>	<u>State/National</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*Please return this update application with all the required documentation, and a check in the amount of \$175.00 for certification to:

Return this form (A1) DIRECTLY to:

California Gambling Counselor Certification Board
41690 Ivy St., Suite A7 ♦ Murrieta, CA 92562
Phone (714) 765-5804 ♦ Fax (951) 266-0072

All inquires should be in writing and forwarded to the address listed above.