



**RHODE ISLAND**  
C E R T I F I C A T I O N   B O A R D

## ENDORSEMENT APPLICATION

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### Certificate of Competency in Problem Gambling

#### APPLICATION INSTRUCTIONS – READ CAREFULLY

The Certificate of Competency in Problem Gambling is an endorsement available **only** to those professionals who meet the education requirement. Credentials must be current, valid, and in good standing.

The endorsement can be obtained at any time once the education requirement is met. The expiration date of the endorsement will be the same as the initial, qualifying credential. You must renew the endorsement with your qualifying credential to maintain it.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@ricertboard.org](mailto:info@ricertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. A certificate will be mailed to you within 10 business days.

#### PROBLEM GAMBLING ENDORSEMENT REQUIREMENTS

##### PREREQUISITE

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**REQUIRED:** Applicants must hold a current, valid and in good standing credential through RICB or a health care practitioner certification/license.

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To renew the endorsement, the prerequisite certification or license must be renewed.

**Professionals certified with RICB** will receive the designation on their certificate. The endorsement will have the same expiration date of their credential.

**Professionals who are licensed by another agency** will be required to submit proof of their license and will be issued documentation from RICB indicating their specialty endorsement. The endorsement will have the same expiration date of their license.

## KNOWLEDGE AREAS

1. Knowledge of gambling, problem gambling and pathological gambling: treatment and rehabilitation/recovery, understanding the history, prevalence and social impact of gambling in the US as well as the significant literature in the field;
2. Understanding the history and theoretical basis for treatment of pathological/problem gamblers, as well as familiarity with current research in the field;
3. The effect of problem/pathological gambling on the gambler personally, interpersonally, financially, as well as management of the disorder and the recovery process;
4. Knowledge of sociocultural values and attitude systems related to finances, pathological/problem gambling and spiritual concerns;
5. Knowledge of effective medical, psychological, social service and spiritual management of pathological/problem gamblers, as well as the recovery process;
6. Knowledge of sociocultural values and effective medical, psychological, social service and spiritual management of the family of the pathological/problem gambler;
7. Knowledge of the effect of pathological/problem gambling on occupational and legal concerns;
8. Knowledge of pathological and problem gambling;
9. Knowledge of stages of change theory with problem and pathological gamblers and families;
10. Knowledge of the steps, traditions and philosophy of Gamblers Anonymous, its relation to various treatments and the programs of Gam-Anon and Gam-A-Teen.

## EDUCATION/TRAINING

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**REQUIRED:** 30 hours of gambling specific education/training as defined in the Gambling Knowledge Areas.

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Education is defined as formal, structured instruction: workshops, seminars, in-services, college/university credit courses and online education.

## ENDORSEMENT FEE

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**REQUIRED:** \$100 (fee must accompany the endorsement application).

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 3 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

**Applications received without payment will not be processed.**

# GAMBLING ENDORSEMENT: APPLICANT INFORMATION

Form can be completed and saved. You may then print the appropriate pages to submit to RICB.

## TYPE OR PRINT LEGIBLY

RICB CREDENTIAL(S): \_\_\_\_\_

OTHER HEALTH CARE PRACTITIONER LICENSE/CERTIFICATION: \_\_\_\_\_

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_

*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Pronouns: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

**REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: \_\_\_\_\_

Have you ever received any disciplinary action from another certification or licensing authority since your last application or recertification?  Yes  No *If yes, provide full details on a separate sheet.*

I have included copies of training certificates and/or college transcript for 30 hours of gambling specific education/training with this application.  Yes  No

I have included a copy of my prerequisite certification/license with this application.  Yes  No

## PAYMENT INFORMATION

### FEE OF \$100 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):

Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to RICB*

My employer/organization is mailing payment directly to RICB.

The following organization will be paying for my application: \_\_\_\_\_

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_