## **Application and Renewal for Problem Gambling Certification**

REQUIRED FOR ALL APPLICANTS

| Name:                                 |   |                     |                  |               |
|---------------------------------------|---|---------------------|------------------|---------------|
|                                       |   |                     |                  |               |
| Agency:                               |   |                     |                  |               |
| Work Address:                         |   |                     |                  |               |
| City:                                 |   | _ State:            | ZIP Code:        |               |
| Work phone:                           |   | nail:               |                  |               |
| Work supervisor's nam                 | ne:   |                     |                  |               |
| Oklahoma gambling o                   | counselor consultant:                             |                     |                  |               |
| Are you currently licer               | sed or certified? $\square$ ye                    | s 🗆 no              |                  |               |
| Please list your licenses o<br>level. | or credentials, their numbe                       | ers and whether the | ey are the state | e or national |
|                                       | License Number                                    |                     |                  |               |
|                                       |   |                     |                  |               |
|                                       |   |                     |                  |               |
| •                                     | verage through your tri<br>  liability insurance? | •                   | on? □yes [       | □no           |

*Please mail, email, or fax the application and additional required documentation to:* 

OKLAHOMA ASSOCIATION ON PROBLEM GAMBLING AND GAMING 501 E. Alameda, Suite E, Norman, OK 73071 Fax: (405) 801-3330 Email: ksimpson@oapgg.org

Your initial application will remain active for a period of two years. If at the end of two years your file is incomplete, you will be notified that you will have to reapply when your documentation is complete. If you have any questions about the certification application process, please call OAPGG at (405) 801-3329.

When your application is complete, you will be notified that it has been forwarded to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for final review and approval. At this time, you may submit your payment to ODMHSAS. ODMHSAS will review all documentation and checklist to ensure it is appropriate and complete. If appropriate and complete and once payment is received ODMHSAS will email your certification.

Please see the certification guide for more information.