
MAINTAINING YOUR CERTIFICATION

PROBLEM AND COMPULSIVE GAMBLING COUNSELORS

Certified Counselors of Problem and Compulsive Gambling will follow the guidelines set forth in the Illinois Model for Counselors of Problem and Compulsive Gambling Certification. They are required to pay a biennial certification fee and submit 40 continuing education units (CEUs).

Counselors of Problem and Compulsive Gambling will be notified that their certification is about to expire no fewer than 30 days prior to the expiration date. They will submit their biennial certification fee and CEUs to the Illinois Certification Board (ICB) by their expiration date. Forms for the documentation of CEUs are available on the ICB's website, www.iaodapca.org, under Credentialing/Credentialing Forms. The form must be completed, signed, and submitted with proof of attendance. CEUs should not be submitted until notification of expiration. **(CEUs may be uploaded at time of payment. CEUs will not be accepted by email.)**

A. Continuing Education Policy

- Forty (40) continuing education units (CEUs), every two years, are required to maintain certification and must be earned within the two-year certification period. **(See A.3 for exceptions.)** An average of 20 CEUs should be obtained each year. CEUs are not transferable to any other certification period. CEUs obtained prior to the counselor's initial date of certification are not eligible to be used for maintaining certification. A counselor may receive CEU credit only once for a training event, even if it is repeated during different certification periods. A CEU is equivalent to one clock hour. (Excluded is non-program time such as breaks, social hours, registration time, meal times) One college semester hour of credit is equivalent to 15 CEUs, one college trimester hour of credit is equivalent to 12 CEUs, and one college quarter hour of credit is equivalent to 10 CEUs.
- All 40 CEUs required to maintain certification **must** be recognized or petitioned for ICB CEUs. Continuing education is broken down into two categories. Some continuing education may be recognized for both categories.
 - CATEGORY I** - Minimum 15 CEUs of education specific to gambling. This covers training on dynamics of gambling addiction, effects of problem and compulsive gambling on individuals and families, signs and symptoms of problem gambling, special populations.
 - CATEGORY II** - Minimum 25 CEUs of education specific to knowledge and skills related to the five (5) performance domains of the "Counselors of Problem Gamblers Role Delineation Study" prepared by Columbia Assessment Services, Inc., January 1999, but does not have to be gambling specific. (refer to the Illinois Model for a list of the domains) This covers training in providing client, family, and community education, intake and assessment, counseling, case management, and professional responsibility.
- Certified gambling counselors who are also a licensed physician, LCPC, LCSW, or licensed psychologist need only submit 10 Category I gambling specific CEUs and proof of current licensure. Certified gambling counselors who are also ICB certified alcohol and other drug use (AOD) counselors, need only submit 10 Category I gambling specific CEUs and proof of current ICB certification. Category II CEUs are not required.

B. Sources of Continuing Education Units

- Recognized programs are training/education programs the ICB has identified as fulfilling the criteria for CEU credit and have been awarded CEUs by the ICB or are pre-recognized sources. The certificate of completion will contain the name of the participant, name of program, date of program, program number assigned by ICB, number of CEUs, and the category.
- Structured individual continuing education, such as the ICB Bibliocredit Program and other self-study programs, is available to gambling counselors with a maximum of 15 CEUs every two (2) years.
- Gambling counselors may receive up to 12 Category II CEUs every two years for volunteer time serving as a member of the Board of Directors, a member of a Board committee, or a member of another ICB committee.
- Teaching and/or training other Problem and Compulsive Gambling Counselors in the knowledge or competency areas qualifies for up to 15 CEUs every two years. The number of CEUs awarded will be equal to the number of hours spent in actual training time. Patient education and public education lectures are not eligible. Presentations for which the gambling counselor has previously received credit are also not eligible. Petitions must be submitted for any presentations that have not been awarded ICB CEUs.
- Research papers accepted for publication, reading, or discussion at a professional meeting or conference, and professional publications in the gambling counseling field qualifies for up to 15 CEUs every two years. The topic must pertain to problem and compulsive gambling and address one of the performance domains. The work can be counted only once, even though presented in more than one format or location. Petitions must be submitted for CEUs.

C. Agency In-service Education and Training Programs

Of the 40 CEUs required biennially, 20 CEUs may be agency in-service training programs. Inservices not previously awarded CEU recognition by ICB may be petitioned for CEUs.

D. Validation of Continuing Education

Certified counselors must document that they have obtained CEUs and submit the appropriate validation for each educational experience. Acceptable validation (documentation) will be as follows:

1. Certificates or other proof of completion for ICB recognized or petitioned trainings.
2. Transcripts or other official grade reports for college or university courses.

E. Procedures for Counselors to Petition for CEUs

Not all educational experiences available to the certified counselor will have been awarded CEUs by ICB, requiring the counselor to petition such education/training for CEU credit. Requests are to be submitted to the ICB on the petition form with the following information:

- Documentation of attendance
- Goals and objectives of the program
- Date/length of program in clock hours
- Brochure describing program content
- Sponsor, location, instructor and target population
- Definition of the training type (publication, workshop, seminar)
- Identification of the gambling specific content and/or knowledge/skill related to the performance domains
- Non-refundable petition fee

Requests will be reviewed within 30 days, and the counselor will be notified of the results. If recognized, the counselor will be informed of the number of CEUs awarded.

F. Extension of Continuing Education Requirements

A counselor unable to meet the continuing education requirements for re-certification may request an extension, in writing. Extensions are \$10.00 per month for up to six months from certification expiration date. A counselor not meeting the CEU requirement after the six-month extension shall not be permitted to place his or her certificate on inactive status and shall be terminated. Reinstatement shall be through completing the full certification requirement.

NOTE: This process leaves the counselor only 18 months to obtain CEU credit for the current re-certification period.

G. Inactive Status

A counselor in good standing unable to meet the continuing education requirements for re-certification due to health or extenuating personal reasons may place his or her certificate on inactive status if they meet the requirements. The process for reactivation from inactive status will then be followed when the counselor wishes to activate his or /her certification.

For detailed information refer to the [Illinois Model for Counselors of Problem and Compulsive Gambling Certification](#).

CERTIFIED PROBLEM AND COMPULSIVE GAMBLING COUNSELOR

NAME: _____

CREDENTIAL NUMBER: _____

SIGNATURE: _____

DATE: _____

**CEUS WILL NOT BE
ACCEPTED BY EMAIL**

CATEGORY	TITLE OF TRAINING	CLOCK HOURS	LOCATION AND DATE OF TRAINING	SPONSOR AND/OR ICB PROGRAM No.

ILLINOIS CERTIFICATION BOARD
d/b/a IAODAPCA, Inc.

PETITION FOR CONTINUING EDUCATION UNITS (CEUs)

Check if new address _____ You may photocopy this form.

Name _____
First MI Last

Credential Number _____

Address _____

Credential Level _____

City State Zip Code

Board Registration Number _____

Birth Date _____

Board Registration Level _____

CEU Category Requested:

Please identify credential (and/or endorsement) and the CEU categories (if applicable) being requested below.

Credential Type _____

Categories Needed _____

If requesting CEUs for more than one credential, please utilize the section below. If not, please proceed to Name of Training Program section.

Credential Type _____

Categories Needed _____

Credential Type _____

Categories Needed _____

Name of Training Program _____

Number of CEUs Requested _____ Date of Training Program _____

Brief Summary of Training Program Content and Goals:

Rationale: Why should this training program be recognized by ICB?

Attach documentation of program description, schedule, (may attach brochure)

Attach documentation of attendance (certificate, letter of verification, roster or sign in sheet) if applying for CEUs after attending the training program.

Signature _____

Date _____

One training program per petition. Petitions must be submitted at least 90 days prior to your certification expiration date, or with a completed recertification packet. Petitions received at least 90 days before the expiration date will be reviewed within 30 days of receipt and, you will be sent a letter regarding the results of the review.

Petition Fee \$10.00 - please send payment, with petition, in the form of a check, money order, or credit card. Make checks payable to ICB, Inc. The petition fee is non-refundable. Mail petition and payment to:

ICB, Inc.
401 East Sangamon Avenue
Springfield, IL 62702

Please note, a 3.75% service charge will be added to all credit/debit card transactions.

Amount to be charged _____

Credit Card Number _____ - _____ - _____ - _____
(VISA or MasterCard only)

Expiration Date _____

(Three digit code listed near the signature line on the back of the credit card) Security Code: _____

Name on Card _____

Telephone Number () _____ - _____

Billing Address _____

City _____ State _____ Zip Code _____