



## **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 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 four primary programmatic areas.

- Education and Training
- Information and Public Awareness
- Advocacy in Public Policy
- Helpline and Referral

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

#### **Massachusetts Council on Compulsive Gambling**

#### **PGS Certificate Processing**

**190 High Street, Suite 5**

**Boston, MA 02110**

**617.426.4554 (office)**

**800.426.1234 (helpline)**

**[gambling@aol.com](mailto:gambling@aol.com)**

**[masscompulsivegambling.org](http://masscompulsivegambling.org)**

## What Does a MA PGS Certificate do for you?

- Qualifies your DPH/BSAS contracted agency to become a state-contracted gambling-disorder treatment facility
- Offers others an easy way to comprehend your professional experience and understanding of gambling addiction
- Allows access to a community and discussion regarding gambling treatment in the state of Massachusetts
- Ensures that you have up to the minute information from the MA Council regarding research information, upcoming trainings, etc.
- Adds another five letters to the end of your name!

## 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 the problem-gambling related training requirements.
5. Read the MA PGS Clinical Supervision form and attach all necessary forms.
6. Please mail TWO COPIES OF ALL DOCUMENTATION mentioned in #2-5 with an application fee of \$50 payable to:

**MA PGS Certificate Office  
Massachusetts Council on Compulsive Gambling  
190 High Street, Suite 5  
Boston, MA 02110**

***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.

All Certificate recipients must send documentation of 7.5 hours of gambling-specific education to maintain their certificate status and a \$15 processing fee. See MA PGS Certificate Renewal for details.

## 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 \_\_\_\_\_

If yes, please list your licenses or credentials. Indicate numbers and whether they are state or national.

Please return this application with all the required documentation and *your check in the amount of \$50* to:

**Massachusetts Council on Compulsive Gambling  
PGS Certificate Office  
190 High Street, Suite 5  
Boston, MA 02110**

## **MA PGS CERTIFICATE REQUIREMENTS**

*Applicants may receive the MA PGS certificate subject to the following requirements.*

- **Education and Work Requirements:**
  - Master's or doctoral degree with 3 yrs of additions-related clinically-supervised experience, or a
  - Bachelor's degree with 4 yrs of additions-related clinically-supervised experience, or a
  - High School diploma with an internship and 5 years addiction-related clinically-supervised experience.
- **Problem Gambling Specific Training Requirements**
  - 30 hours total of training approved by the Massachusetts Council on Compulsive Gambling (most trainings are available at no cost to the participants).
- **Clinical Supervision Requirements**
  - On-going documented clinical supervision regarding gambling-specific cases with a clinical supervisor.
- **Continuing Education Requirements**
  - 7.5 hours of problem gambling-specific CEU's and proof of continued clinical supervision regarding problem gambling treatment annually.
- **Ethical Code of Conduct**
  - Every clinician with a Mass. PGS certificate must indicate that they will adhere to the ethical code of conduct set forth.

Immediate approval for the state certificate will be given to individuals with current and active national gambling-specific certifications. Proof of the current certification should accompany this application.

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

## **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.

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Applicant name (Please print or type):

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Applicant's signature

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Witness/Supervisor's signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## **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.

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Applicant's Name (Please print or type)

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Applicant's Signature

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Date

## **MA PGS CLINICAL SUPERVISION FORM**

Please provide documentation of your documented clinical supervision regarding gambling-specific cases with a clinical supervisor.

### **This documentation must include:**

- Proof and description of direct contact with supervision regarding gambling-specific cases (Group or individual supervision allowed—time spent in staff meetings or administrative meetings does 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. Please provide a sign-off for each supervisor who provided each session.
- The supervisor's professional qualifications
- The supervisor's evaluation
- Any other related and relevant non-confidential records of clinical supervision

## MA PGS CERTIFICATE RENEWAL REQUIREMENTS

All Certificate recipients must send documentation of 7.5 hours of gambling-specific training each year following the grant of a Certificate to maintain their certificate status and a \$15 processing fee. A copy of the CEU certificate must be received with the \$15 check payable to the Mass. Council by June 30<sup>th</sup> of each fiscal year.

Gambling-specific training hours can be obtained from Mass. Council approved conferences, workshops, seminars or formal educational opportunities.

Keep an original copy of this form and make multiple copies for renewal each year.

Name \_\_\_\_\_

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

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

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email (home): \_\_\_\_\_

Email (work): \_\_\_\_\_

Current Employer \_\_\_\_\_ Job Title \_\_\_\_\_