

Gaming Health Specialist Certificate Requirements and Application

Introduction:

Gambling and videogaming are common forms of entertainment across all age groups. For a small but important percentage, these activities can become disordered and have a devastating effect to both the player and their loved ones. The Gaming Health Specialist Certificate is a result of ongoing efforts to help behavioral health clinicians understand and recognize the importance of screening, assessing and treating gambling and Internet gaming disorders within their current clinical populations. This certificate provides the foundational knowledge needed to address problematic gambling and Internet gaming behaviors and meet the needs of a growing number of clients presenting with co-morbid disorders.

Gaming Health Specialist Certificate Requirements

- **Education and Work Requirements (please provide us with proof of educational attainment or licensure):**
 - Master's or doctoral degree with 1 year of addiction-related clinically supervised experience, or a
 - Bachelor's degree with 2 years of addiction-related clinically supervised experience, or a
 - High School diploma with an internship and 3 years of addiction-related clinically supervised experience.
- **Specific Training Requirements:**
 - 30 CEUs hours of gambling specific training that may include in-person or online training.
 - 15 CEU hours of internet gaming specific training that may include in-person or online training.
- **Clinical Supervision Requirements:**
 - On-going documented supervision regarding addiction disorder cases with a supervisor. The letter from your supervisor must state that you receive regular clinical supervision and that gambling and internet gaming issues will be discussed as they arise with clients.
 - If you are an independent practitioner in private practice (example: LICSW) you must instead provide proof of your independent license and that you are in good standing.
 - If you are the Clinical Supervisor within your agency you must provide a letter from your administrative supervisor documenting your ability to provide clinical supervision within the agency.
- **Continuing Education Requirements for Renewal:**
 - 30 hours of gambling specific CEUs and proof of continued clinical supervision regarding problem gambling treatment biennially.
 - 7.5 hours of internet gaming disorder specific CEUs.
- **Ethical Code of Conduct and Disciplinary History:**
 - Every clinician with a Gaming Health Specialist Certificate must indicate that they will adhere to the ethical code of conduct set forth and complete the Disciplinary History form.

What are the benefits of a Gaming Health Specialist Certificate?

- Offers others an easy way to comprehend your professional experience and understanding of the rapidly growing field of gambling, online gaming, and internet gaming disorder
- Ensures that you have up to date information from the MA Council on Gaming and Health regarding the latest research and educational opportunities
- Allows your treatment agency or private practice to be added to the MA Council on Gaming and Health's Helpline & web-based referral lists.

ON-LINE APPLICATION INSTRUCTION FORM

1. Complete Gaming Health Specialist Certificate Application.
2. Read and sign the Professional Code and Ethical Standards and the Consent to Release of Information.
3. Attach documentation of gambling specific training requirements and proof of education/license.
4. Attach all necessary information regarding Clinical Supervision requirements
5. E-mail all documentation to Certificate@macgh.org
6. Pay the \$100 application fee via our on-line payment system at:

<https://register.gotowebinar.com/register/7463449054245362192>

Note: Please allow up to 4 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. Please send any questions or comments regarding this application via e-mail to Certificate@macgh.org

Gaming Health Specialist Certificate Application

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (home): _____ (work): _____ (cell): _____

Email (home): _____

Email (work): _____

Current Employer _____ Employer Address _____

Job Title _____

Are you currently licensed or certified? Yes _____ No _____ License #: _____

Education and Work Requirements: *Please provide a copy of your diploma, CEUs, and other documents*

- Master's or doctoral degree with 1 year of addiction-related clinically supervised experience, **or**
- Bachelor's degree with 2 years of addiction-related clinically supervised experience, **or**
- High School diploma with an internship and 3 years of addiction-related clinically supervised experience.

Problem Gambling Specific Training Requirements

- 30 hours of gambling specific CEUs and proof of continued clinical supervision regarding problem gambling treatment biennially.
- 7.5 hours of internet gaming disorder specific CEUs

Clinical Supervision Requirements

- On-going documented supervision regarding addiction disorder cases with a supervisor.
- If you are an independent practitioner in private practice (example: LICSW) you must instead provide proof of your independent license and that you are in good standing.
- If you are the Clinical Supervisor within your agency but you must provide a letter from your administrative supervisor documenting your ability to provide clinical supervision within the agency.

Ethical Code of Conduct

Every clinician with a Gaming Health Specialist Certificate must indicate that they will adhere to the ethical code of conduct set forth.



If you are in private practice with an individual liability policy and wish to be added to our referral list, please submit this form along with your application

PRIVATE PRACTICE REFERRAL INFORMATION FORM

Name: _____ Credentials: _____

Name & Address of Practice: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Email: _____

Website: _____

Please list payment options: (i.e. insurance taken, sliding scale, set fee, etc.)

Days/hours of the week open: _____

I currently maintain professional liability insurance: _____ Yes _____ No

through the following insurer: _____

(insurer name and address)

**Please submit a copy of liability insurance*

Do you also treat family members of people experiencing gaming and gambling disorder _____ Yes _____ No

Signature

* For our records only

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, internet gaming, 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 bias for or against gambling/internet gaming or any issues related to gambling/internet gaming on my clients.

Applicant's Name (Please Print)

Applicant's Signature

Date

DISCIPLINARY HISTORY

A. Has any disciplinary action been taken against you by a licensing/certification board located in the United States or any country or foreign jurisdiction?

- Yes
 No

B. Are you the subject of pending disciplinary action by a licensing/certification board located in the United States or any country or foreign jurisdiction?

- Yes
 No

C. Have you voluntarily surrendered or resigned a professional license (does not include non-renewal or expired licenses) to a licensing/certification board in the United States or any country or foreign jurisdiction?

- Yes
 No

D. Have you ever been denied a professional license in the United States or any country or foreign jurisdiction?

- Yes
 No

If you have answered “yes” to any of the above, please explain in the space provided:

Applicant's signature

Date: _____

CONSENT TO RELEASE OF INFORMATION

I give permission to the Massachusetts Council on Gambling and Health 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 Gambling and Health inspecting any documents or records necessary to determine my “acceptable standard” to receive the GHS certificate.

I hereby release from any liability all representatives of Massachusetts Council on Gambling and Health and all individuals and organizations who provide information to the Massachusetts Council on Gambling and Health 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. I understand that this release expires one year from the signature date.

Applicant’s Signature

Date

GHS CLINICAL SUPERVISION REQUIREMENTS

Please provide documentation of your ongoing supervision regarding gambling disorder cases with a supervisor.

This documentation must include:

- Proof and description of direct contact with supervision regarding addiction cases (Group or individual supervision allowed)
- 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.
- The supervisor's professional qualifications

Exceptions:

If you are an independent practitioner in private practice (example: LICSW) you must instead provide proof of your independent license and that you are in good standing.

If you are the Clinical Supervisor within your agency but you must provide a letter from your administrative supervisor documenting your ability to provide clinical supervision within the agency.