



**OASAS**

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
1450 WESTERN AVENUE, ALBANY, NY 12203-3526

Credentialed Alcoholism and  
Substance Abuse Counselor (CASAC)  
and  
Credentialed Prevention Professional (CPP)

Gambling Specialty Designation

**GRANDPARENTING**

**APPLICATION PACKET**

Eliot Spitzer  
Governor

Karen M. Carpenter-Palumbo  
Commissioner

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

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**BACKGROUND**

Effective July 1, 2005, the Office of Alcoholism and Substance Abuse Services (OASAS) was given authority for overseeing outreach, prevention, treatment, training and certification related to compulsive gambling services in New York State. Since this time, OASAS has been working to expand the existing network of compulsive gambling services and develop capability among existing chemical dependence providers to better address compulsive gambling disorders among their clientele. Such an expansion of services requires the development of a trained and competent workforce, along with the support of a viable credentialing process for professionals who meet the established qualifications.

OASAS recently established the initial parameters of a gambling credentialing program. This credentialing program will recognize qualified compulsive gambling professionals who work within the OASAS service delivery system, as well as in mental health and specialized gambling treatment settings, to promote essential knowledge and skills, and assure quality care.

The program will include a "Stand Alone" credential and a Specialty Designation for Credentialed Alcoholism and Substance Abuse Counselors (CASAC) and Credentialed Prevention Professionals (CPP) seeking to expand their expertise and professional scope of practice.

As regulations to guide the Stand Alone credential must be promulgated over the next several months, OASAS is proceeding with the implementation of the CASAC and CPP Gambling Specialty Designations at this time.

OASAS will offer a 90-day grandparenting opportunity for both Specialty Designations. During the period June 1, 2007 through August 29, 2007, OASAS will accept applications for the Specialty Designations from individuals who are CASACs in good standing for a minimum of five years and CPPs who document that they have satisfied all of the eligibility requirements associated with grandparenting, as specified in this Application Packet.

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**GRANDPARENTING PROCESS**

**Application**

The grandparenting process requires the submission of a CASAC and CPP Gambling Specialty Designation Grandparenting Application to the OASAS Credentialing Unit. This Application Packet provides instructions to guide you in completing your Application.

**Applications must be postmarked by August 29, 2007.** Applications postmarked after August 29, 2007 will not be considered and will be returned without review.

Upon receipt by the OASAS Credentialing Unit, your Application will be reviewed to ensure that all eligibility requirements have been satisfied.

Based on the findings of the review, your Application will be determined to be approved, incomplete or disapproved.

***Approved Applications***

If your Application is approved, your CASAC or CPP certificate will be reissued with the Specialty Designation denoted. The Specialty Designation will not affect the effective or expiration date of your current credential and will be renewable as part of the standard renewal process during your next credentialed period (see Renewal Requirements on Page 2).

***Incomplete/Disapproved Applications***

If your Application is determined to be incomplete, you will be mailed an Application Review Summary identifying any deficiencies. **Material submitted in response to the deficiencies must be postmarked on or before September 30, 2007.** Such material will be reviewed and an eligibility determination will subsequently be made. Material submitted in response to the deficiencies postmarked after September 30, 2007 **will not** be considered.

If you are unable to address the deficiencies by the stated deadline, or you are deemed ineligible, your Application will not be approved and you will not receive a Specialty Designation through the grandparenting process.

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

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**GRANDPARENTING PROCESS (CONT'D)**

**Application (Cont'd)**

In order to obtain a Specialty Designation in the future, you will be required to satisfy all of the standard eligibility requirements which will include specific work experience and education and training, as well as a one-time fee.

**NOTE: Applications are reviewed on a first-come, first served-basis. You are encouraged to submit your Application early to allow yourself the maximum amount of time to respond to any identified deficiencies.**

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**RENEWAL REQUIREMENTS**

In order to renew your Specialty Designation, you will be required to document completion of 10 clock hours of continuing professional education specific to problem gambling **in addition to** the 40 clock hours of continuing professional education required to renew your CASAC or CPP certificate.

The fee associated with the renewal of your CASAC or CPP **will not** increase as a result of holding a Specialty Designation.

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**INSTRUCTIONS**

These instructions are intended to guide you in completing your CASAC and CPP Gambling Specialty Designation Grandparenting Application. Please read the following before preparing your Application.

**Qualifications**

To apply for a **CASAC** Gambling Specialty Designation, you must:

- be a current CASAC in good standing for a minimum of five years;
- attest to having a minimum of five years of appropriate work experience as a provider of alcoholism and substance abuse treatment and/or gambling addiction services; and
- attest to having completed 15 clock hours of appropriate gambling training.

To apply for a **CPP** Gambling Specialty Designation, you must:

- be a current CPP in good standing;
- attest to having a minimum of five years of appropriate work experience as a provider of alcoholism and substance abuse and/or gambling prevention services; and
- attest to having completed 15 clock hours of appropriate gambling training.

**Process**

1. Review the Application Packet to ensure that the following forms are included:

Part A - Application Summary (PDS-36)

Part B - Work Experience and Training Attestation -- CASAC (PDS-37) and Work Experience and Training Attestation -- CPP (PDS-38).

2. Make a copy of the Application Packet to use as a working draft before preparing your Application.
3. After completing the working draft, enter the final information onto the original Application.
4. Make a copy of the completed Application for your records. The Application and all information and documents submitted with the Application become the property of OASAS and will not be returned.
5. Submit the completed original Application and all required documentation with the applicable **non-refundable \$25 Grandparenting Fee** in the form of a **certified check or money order** made payable to NYS OASAS. **Personal checks cannot be accepted, will be returned and will delay processing of your Application. Applications must be postmarked by August 29, 2007 and addressed to:**

NYS OASAS  
Attn: Credentialing Unit  
1450 Western Avenue  
Albany, New York 12203-3526

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Personal information provided to OASAS is protected under the New York State Public Officer's Law, Personal Privacy Protection Law, Article 6-A, and may only be disclosed with written consent, a court-ordered subpoena or subject to other provisions of such law.

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

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**PART A - APPLICATION SUMMARY**

**Instructions**

Part A (Application Summary [PDS-36]) contains your identifying information. Complete Part A as follows (please print clearly):

**Personal Information** -- Enter your last name; first name; middle initial; Social Security Number; street address; apartment or post office box number; city, town or village; state; zip code; home telephone number; and county of residence.

**Employment Information** -- Enter your job title; work telephone number; current employer; work unit or facility name; street address; city, town or village; state; and zip code.

**Credential Information** -- Check the appropriate box to indicate the credential with which you are seeking to associate your Gambling Specialty Designation. In the space provided, enter your credential number.

**Grandparenting Fee** -- Where indicated on Part A (Application Summary), attach the **non-refundable \$25 Grandparenting Fee** in the form of a **certified check or money order** made payable to NYS OASAS. **Personal checks cannot be accepted, will be returned and will delay processing of your Application.**

**NOTE: If you are seeking to associate a Gambling Specialty Designation with both your CASAC and CPP, the Grandparenting Fee will be \$50.**

**Canon of Ethical Principles** -- Review and familiarize yourself with the applicable Canons of Ethical Principles, both of which are included as attachments to this Application Packet.

**Affirmations and Certifications** -- Review the affirmations; sign and date your Application.

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**PART B - WORK EXPERIENCE AND TRAINING  
ATTESTATION RECORD**

**Requirements**

**«CASACs»**

You must attest to having a minimum of five years of work experience as a provider of alcoholism and substance abuse treatment and/or gambling addiction services, which included:

- gambling assessment and diagnosis;
- incorporating specific gambling goals into treatment plans;
- financial education and planning and relapse prevention; and
- discharge planning which addresses gambling issues.

Work experience must have been obtained within the past 10 years and requires sign-off by a Qualified Health Professional (as defined in the Part 800 Chemical Dependence Regulations) who has knowledge of your work experience (current supervisors are preferred).

In addition, you must attest to having completed a minimum of 15 clock hours of gambling training which addressed the following areas:

- screening, assessment, diagnosis and diagnostic tools (e.g., South Oaks Gambling Screen; DSM-IV Pathological Diagnosis; Lie-Bet; Gambler's Anonymous and GAM-ANON 20 questions tool; or other appropriate screening instrument as defined by OASAS); and
- specialized treatment indicators for gambling (i.e., financial, legal, self-help, crisis).

**«CPPs»**

You must attest to having a minimum of five years of work experience as a provider of alcoholism and substance abuse and/or gambling prevention services, which included the following:

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

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**PART B - WORK EXPERIENCE AND TRAINING  
ATTESTATION RECORD (Cont'd)**

**Requirements (Cont'd)**

- community gambling risk assessment; and
- community education specific to problem gambling awareness.

Work experience must have been obtained within the past 10 years and requires sign-off by a Qualified Prevention Supervisor (as defined in the Part 855 Regulations [Credentialing of Alcoholism and Substance Abuse Prevention Professionals and Prevention Specialists]) who has knowledge of your work experience (current supervisors are preferred).

In addition, you must attest to having completed a minimum of 15 clock hours of gambling training, broken down as follows:

- five hours focused on compulsive gambling knowledge and education; and
- 10 hours focused specifically on gambling prevention (e.g., factors which affect gambling-related behavior; evidence-based prevention approaches; and promising gambling prevention programs).

**Instructions**

Complete the applicable Part B (Work Experience and Training Attestation Record [PDS-37 and/or PDS-38]) as follows:

- Complete the Applicant Consent to Release Information section of Part B (Work Experience and Training Attestation Record).
- Enter the name and address of each provider/employer where you obtained the requisite work experience.
- Identify which of the requisite tasks your work experience included.

- If you are a CASAC Gambling Specialty Designation applicant, request that a Qualified Health Professional who has knowledge of your work experience sign the form and return it to you with any other documentation required. If you are a CPP Gambling Specialty Designation applicant, this request should be directed to a Qualified Prevention Supervisor.
- Identify the areas that your gambling training addressed.
- Sign the Attestation stating that the information provided relative to your work experience and training is true and correct.

**NOTE: OASAS reserves the right to verify all information and documents submitted with the Application and/or request any additional information and documents.**

**NOTE: The Application and all information and documents submitted with the Application become the property of OASAS and will not be returned.**

May 2007

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

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**CASAC AND CPP GAMBLING SPECIALTY DESIGNATION  
GRANDPARENTING APPLICATION CHECKLIST**

**Did you remember to:**

- Complete, sign and date Part A (Application Summary)?**
- Attach, where indicated on the reverse side of Part A (Application Summary), the applicable non-refundable Grandparenting Fee in the form of a certified check or money order made payable to NYS OASAS?**
- Complete Part B (Work Experience and Training Attestation Record) and attach supporting documentation?**
- MAKE A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS?**

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

**PART A - APPLICATION SUMMARY**

PERSONAL INFORMATION		
LAST NAME	FIRST NAME	MIDDLE INITIAL
SOCIAL SECURITY NUMBER		
STREET ADDRESS	APT. OR P.O. BOX NO.	
CITY, TOWN OR VILLAGE	STATE	ZIP CODE
HOME TELEPHONE NO.	COUNTY OF RESIDENCE	

EMPLOYMENT INFORMATION		
JOB TITLE	WORK TELEPHONE NO.	
CURRENT EMPLOYER		
WORK UNIT OR FACILITY NAME		
STREET ADDRESS		
CITY, TOWN OR VILLAGE	STATE	ZIP CODE

CREDENTIAL INFORMATION	
CHECK THE APPLICABLE BOX TO INDICATE THE CREDENTIAL WITH WHICH YOU ARE SEEKING TO ASSOCIATE YOUR GAMBLING SPECIALTY DESIGNATION.	
<input type="checkbox"/> CASAC CREDENTIAL NO.: _____	<input type="checkbox"/> CPP CREDENTIAL NO.: _____

GRANDPARENTING FEE
<p><b>THERE IS A NON-REFUNDABLE \$25 GRANDPARENTING FEE ASSOCIATED WITH THIS APPLICATION. WHERE INDICATED, PLEASE ATTACH A CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO NYS OASAS. PERSONAL CHECKS CANNOT BE ACCEPTED, WILL BE RETURNED AND WILL DELAY PROCESSING OF YOUR APPLICATION.</b></p> <p align="center"><b>**DO NOT SEND CASH**</b></p> <p align="right"><b>ATTACH PAYMENT HERE</b> </p>

AFFIRMATIONS AND CERTIFICATIONS		
<p>I, THE UNDERSIGNED APPLICANT, HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY, THE APPLICABLE CANON OF ETHICAL PRINCIPLES. I ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF THE INFORMATION SUBMITTED CONTAINS A FALSE STATEMENT, MY GRANDPARENTING APPLICATION MAY BE DENIED AND I MAY BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW. IF THE APPLICATION IS APPROVED AND LATER DETERMINED TO CONTAIN MATERIALS THAT WERE FALSE OR MISLEADING, THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS) HAS THE AUTHORITY TO DULY ANNUL, SUSPEND, LIMIT OR REVOKE THE CREDENTIAL AND/OR SPECIALTY DESIGNATION ISSUED.</p> <p>I FURTHER UNDERSTAND THAT MY NAME AND CITY/STATE OF RESIDENCE, AS WELL AS MY CREDENTIAL NUMBER AND ITS DATE OF EXPIRATION, MAY BE MADE AVAILABLE TO THE PUBLIC AS PART OF OASAS' REGISTRY OF CREDENTIALLED COUNSELORS AND PREVENTION PRACTITIONERS.</p> <p>A PERSON IS GUILTY OF OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE WHEN, KNOWING THAT A WRITTEN INSTRUMENT CONTAINS A FALSE STATEMENT OR FALSE INFORMATION AND, WITH INTENT TO DEFRAUD THE STATE OR ANY POLITICAL SUBDIVISION THEREOF, HE/SHE OFFERS OR PRESENTS IT TO A PUBLIC OFFICE OR PUBLIC SERVANT WITH THE KNOWLEDGE OR BELIEF THAT IT WILL BE FILED WITH, REGISTERED OR RECORDED IN OR OTHERWISE BECOME PART OF THE RECORDS OF SUCH PUBLIC OFFICE OR PUBLIC SERVANT.</p> <p align="center"><b>OFFERING A FALSE INSTRUMENT FOR FILING IN THE FIRST DEGREE IS A CLASS E FELONY.</b></p>		
<table border="1"> <tr> <td>APPLICANT SIGNATURE</td> <td>DATE</td> </tr> </table>	APPLICANT SIGNATURE	DATE
APPLICANT SIGNATURE	DATE	

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

**PART B - WORK EXPERIENCE AND TRAINING ATTESTATION RECORD -- CASAC**

**\*\*TO BE COMPLETED BY APPLICANT\*\* (PLEASE PRINT)**

**APPLICANT CONSENT TO RELEASE INFORMATION**

APPLICANT NAME

SOCIAL SECURITY NO.

BY MY SIGNATURE BELOW, I AM AUTHORIZING THE PROVIDER(S)/EMPLOYER(S) AND/OR QUALIFIED HEALTH PROFESSIONAL IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS).

APPLICANT SIGNATURE

DATE

**WORK EXPERIENCE**

I ATTEST THAT I HAVE A MINIMUM OF FIVE YEARS OF WORK EXPERIENCE (OBTAINED WITHIN THE PAST 10 YEARS) AS A PROVIDER OF ALCOHOLISM AND SUBSTANCE ABUSE TREATMENT OR GAMBLING ADDICTION SERVICES THROUGH THE FOLLOWING PROVIDER(S)/EMPLOYER(S):

PROVIDER/EMPLOYER NAME AND ADDRESS

PROVIDER/EMPLOYER NAME AND ADDRESS

PROVIDER/EMPLOYER NAME AND ADDRESS

I ATTEST THAT THIS WORK EXPERIENCE INCLUDED (CHECK ALL THAT APPLY):

- GAMBLING ASSESSMENT AND DIAGNOSIS
- INCORPORATING SPECIFIC GAMBLING GOALS INTO TREATMENT PLANS
- FINANCIAL EDUCATION AND PLANNING AND RELAPSE PREVENTION
- DISCHARGE PLANNING WHICH ADDRESSES GAMBLING ISSUES

**\*\*TO BE COMPLETED BY A QUALIFIED HEALTH PROFESSIONAL\*\* (PLEASE PRINT)**

**NOTE TO QUALIFIED HEALTH PROFESSIONAL:** PLEASE COMPLETE THIS SECTION OF THE PART B - WORK EXPERIENCE AND TRAINING ATTESTATION FORM AND RETURN IT, ALONG WITH DOCUMENTATION TO VERIFY YOUR STATUS AS A QUALIFIED HEALTH PROFESSIONAL, TO THE APPLICANT.

**IF YOU HAVE QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE OASAS CREDENTIALING UNIT AT 1-800-482-9564.**

I UNDERSTAND THAT THE ABOVE-NAMED APPLICANT IS APPLYING FOR A CASAC GAMBLING SPECIALTY DESIGNATION. I CERTIFY THAT I AM A QUALIFIED HEALTH PROFESSIONAL WHO HAS KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE AND THAT THE INFORMATION PROVIDED AND ATTESTED TO BY THE APPLICANT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF QUALIFIED HEALTH PROFESSIONAL

JOB TITLE

CHECK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE APPLICANT

[ ] CURRENT SUPERVISOR      [ ] FORMER SUPERVISOR      [ ] CO-WORKER      [ ] OTHER \_\_\_\_\_

SIGNATURE OF QUALIFIED HEALTH PROFESSIONAL

WORK TELEPHONE NO.

DATE

**TRAINING**

I ATTEST THAT I HAVE COMPLETED A MINIMUM OF 15 CLOCK HOURS OF GAMBLING TRAINING WHICH ADDRESSED THE FOLLOWING AREAS:

- SCREENING, ASSESSMENT, DIAGNOSIS AND DIAGNOSTIC TOOLS (E.G., SOUTH OAKS GAMBLING SCREEN; DSM-IV PATHOLOGICAL DIAGNOSIS; LIE-BET; GAMBLER'S ANONYMOUS AND GAM-ANON 20 QUESTIONS TOOL OR OTHER APPROPRIATE SCREENING INSTRUMENT AS DEFINED BY OASAS)
- SPECIALIZED TREATMENT INDICATORS FOR GAMBLING (I.E., FINANCIAL, LEGAL, SELF-HELP, CRISIS)

**ATTESTATION**

I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.

APPLICANT SIGNATURE

DATE

**New York State Office of Alcoholism and Substance Abuse Services  
CASAC and CPP Gambling Specialty Designation Grandparenting Application**

**PART B - WORK EXPERIENCE AND TRAINING ATTESTATION RECORD -- CPP**

**TO BE COMPLETED BY APPLICANT** (PLEASE PRINT)	
APPLICANT CONSENT TO RELEASE INFORMATION	
APPLICANT NAME	SOCIAL SECURITY NO.
BY MY SIGNATURE BELOW, I AM AUTHORIZING THE PROVIDER(S)/EMPLOYER(S) AND/OR QUALIFIED PREVENTION SUPERVISOR IDENTIFIED BELOW TO PROVIDE INFORMATION AND DOCUMENTATION TO THE NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES (OASAS).	
APPLICANT SIGNATURE	DATE

WORK EXPERIENCE
I ATTEST THAT I HAVE A MINIMUM OF FIVE YEARS OF WORK EXPERIENCE (OBTAINED WITHIN THE PAST 10 YEARS) AS A PROVIDER OF ALCOHOLISM AND SUBSTANCE ABUSE AND/OR GAMBLING PREVENTION SERVICES THROUGH THE FOLLOWING PROVIDER(S)/EMPLOYER(S):
PROVIDER/EMPLOYER NAME AND ADDRESS
PROVIDER/EMPLOYER NAME AND ADDRESS
PROVIDER/EMPLOYER NAME AND ADDRESS
I ATTEST THAT THIS WORK EXPERIENCE INCLUDED (CHECK ALL THAT APPLY):
<input type="checkbox"/> COMMUNITY GAMBLING RISK ASSESSMENT
<input type="checkbox"/> COMMUNITY EDUCATION SPECIFIC TO PROBLEM GAMBLING AWARENESS

**TO BE COMPLETED BY A QUALIFIED PREVENTION SUPERVISOR** (PLEASE PRINT)
<b>NOTE TO QUALIFIED PREVENTION SUPERVISOR:</b> PLEASE COMPLETE THIS SECTION OF THE PART B - WORK EXPERIENCE AND TRAINING ATTESTATION FORM AND RETURN IT, ALONG WITH DOCUMENTATION TO VERIFY YOUR STATUS AS A QUALIFIED PREVENTION SUPERVISOR, TO THE APPLICANT. <i>A QUALIFIED PREVENTION SUPERVISOR IS ANY OF THE FOLLOWING: A CPP; AN INDIVIDUAL WHO IS NON-CREDENTIALLED BUT OTHERWISE MEETS THE CPP WORK EXPERIENCE AND EDUCATION REQUIREMENTS; OR A CASAC SUPERVISING A PROGRAM PROVIDING PREVENTION SERVICES.</i> BY YOUR SIGNATURE ON THIS FORM, YOU ARE CERTIFYING THAT YOU ARE A QUALIFIED PREVENTION SUPERVISOR AS OUTLINED ABOVE.
<b>IF YOU HAVE QUESTIONS RELATED TO THIS FORM, PLEASE CONTACT THE OASAS CREDENTIALING UNIT AT 1-800-482-9564.</b>

I UNDERSTAND THAT THE ABOVE-NAMED APPLICANT IS APPLYING FOR A CPP GAMBLING SPECIALTY DESIGNATION. I CERTIFY THAT I AM A QUALIFIED PREVENTION SUPERVISOR AND HAVE KNOWLEDGE OF THE APPLICANT'S WORK EXPERIENCE AND THAT THE INFORMATION PROVIDED AND ATTESTED TO BY THE APPLICANT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.		
NAME OF QUALIFIED PREVENTION SUPERVISOR	JOB TITLE	
CHECK THE BOX THAT DESCRIBES YOUR RELATIONSHIP TO THE APPLICANT		
[ ] CURRENT SUPERVISOR      [ ] FORMER SUPERVISOR      [ ] CO-WORKER      [ ] OTHER _____		
SIGNATURE OF QUALIFIED PREVENTION SUPERVISOR	WORK TELEPHONE NO.	DATE

TRAINING
I ATTEST THAT I HAVE COMPLETED A MINIMUM OF 15 CLOCK HOURS OF GAMBLING TRAINING WHICH ADDRESSED THE FOLLOWING AREAS:
<input type="checkbox"/> FIVE HOURS FOCUSED ON COMPULSIVE GAMBLING KNOWLEDGE AND EDUCATION
<input type="checkbox"/> 10 HOURS FOCUSED SPECIFICALLY ON GAMBLING PREVENTION (E.G., FACTORS WHICH AFFECT GAMBLING-RELATED BEHAVIOR; EVIDENCE-BASED PREVENTION APPROACHES; AND PROMISING GAMBLING PREVENTION PROGRAMS)

ATTESTATION	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT.	
APPLICANT SIGNATURE	DATE

## **CREDENTIALLED ALCOHOLISM AND SUBSTANCE ABUSE COUNSELOR (CASAC)**

### **CANON OF ETHICAL PRINCIPLES**

The CASAC must:

- a) Recognize that the profession is founded on national standards of competence which promote the best interest of society, of the patient, of the counselor and of the profession as a whole.
- b) Espouse objectivity and integrity; maintain the highest standards in the services offered; respect the values, attitudes and opinions of others; and provide services only in an appropriate professional relationship.
- c) Not discriminate in work-related activities based on race, religion, age, gender, disabilities, ethnicity, national origins, sexual orientation, economic condition or any other basis proscribed by law.
- d) Recognize the need for ongoing education to maintain current competence and to improve expertise and skills.
- e) Uphold the legal and accepted moral codes which pertain to professional conduct.
- f) Respect the integrity and protect the welfare of the person or group with whom the counselor is working.
- g) Embrace, as a primary obligation, the duty of protecting the privacy of patients and must not disclose confidential information acquired in teaching, practice, research or investigation and maintain the confidentiality of records they control.
- h) Inform the prospective patient of the important aspects of the nature of services to be provided and the client/counselor relationship.
- i) Not engage in any sexual activity with patients or their significant others.
- j) Treat colleagues and other professionals with respect, courtesy and fairness and cooperate in order to serve the best interests of their patients.
- k) Not knowingly engage in behavior that is harassing or demeaning, including, but not limited to, sexual harassment.
- l) Not exploit patients or others over whom they have a position of authority.
- m) Acknowledge the limits of present knowledge in public statements concerning alcoholism and substance abuse, as well as report fairly and accurately the appropriate information and acknowledge and document materials and techniques used.
- n) Not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.
- o) Assure that financial practices are in accord with professional standards that safeguard the best interests of the patient, the counselor and the profession.
- p) Strive to inform the public, through civic and professional participation in community affairs, of the effects of alcoholism and substance abuse and adopt a personal and professional stance which promotes the well-being of all human beings.
- q) Assign credit to all who have contributed to the published material and for the work upon which publication is based.

(Adapted from the National Association of Alcoholism and Drug Abuse Counselors  
"Ethical Standards of Alcoholism and Drug Abuse Counselors")

## **CREDENTIALLED PREVENTION PROFESSIONAL (CPP)/CREDENTIALLED PREVENTION SPECIALIST (CPS)**

### **CANON OF ETHICAL PRINCIPLES**

The CPP and CPS must:

- a) Recognize that the profession is founded on national standards of competence which promote the best interest of society, the service recipient, the professional and the profession as a whole.
- b) Do no harm to service recipients. Practices shall be respectful and non-exploitative. Services shall protect the recipients from harm and the professional and the profession from censure.
- c) Maintain an objective, non-possessive relationship with those they serve and shall not exploit them sexually, financially or emotionally.
- d) Not promote personal gain or profit.
- e) Not discriminate against service recipients or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or physical or mental disability. The CPP and CPS shall broaden his/her understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.
- f) Observe the profession's technical and ethical standards, strive continually to improve personal competence and quality of service delivery and discharge professional responsibility to the best of his/her ability.
- g) Be diligent in discharging responsibilities by rendering services carefully and promptly by being thorough and by observing applicable technical and ethical standards.
- h) Adequately plan and supervise any professional activity for which he/she is responsible.
- i) Recognize limitations and boundaries of competencies and not use techniques or offer services outside of his/her own competencies. The CPP and CPS is responsible for assessing the adequacy of his/her own competence for the responsibility to be assumed.
- j) Report to the appropriate authorities any unethical conduct or practice on the part of any agency or individual providing prevention services when aware of such conduct or practice. The CPP and CPS must not participate in the filing of ethics complaints that are frivolous or have a purpose other than to protect the public.
- k) Perform all professional responsibilities with the highest sense of integrity in order to maintain and broaden public confidence. Integrity can accommodate the inadvertent error and the honest difference of opinion. It cannot accommodate the deceit or subordination of principle.
- l) Not subordinate services and the public trust for personal gain and advantage. Services, including referrals, shall be based in the best interest of the recipient(s). All information shall be presented fairly and accurately. The CPP and CPS shall document and assign credit to all contributing sources used in published material or public statements.
- m) Not misrepresent, either directly or by implication, professional qualifications or affiliations.
- n) Not be associated, directly or indirectly, with any services or products in any way that are misleading or incorrect.
- o) Report any evidence of child abuse to the appropriate agency and follow up to ensure that appropriate action has been taken.
- p) Be supportive of assistance and treatment where there is evidence of impairment in a colleague or service recipient.
- q) Recognize the effect of impairment on professional performance and be willing to seek appropriate treatment for him/herself.

**(continued on reverse side)**

- r) Protect service recipient rights and ensure confidentiality by adhering to all applicable State and Federal laws and regulations. The CPP and CPS shall not participate in, or condone, any illegal activity, including the use of illegal chemicals or the possession, sale or distribution of illegal chemicals. The CPP and CPS shall not participate in, condone, or be an accessory to, dishonesty, fraud, deceit or misrepresentation.
- s) Take the initiative to support, promote and improve the delivery of high-quality services throughout the continuum of care of prevention, intervention, treatment and aftercare.
- t) Advocate for changes in public policy and legislation to afford opportunities and choices for all persons whose lives are impaired or impacted by the disease of alcoholism, tobacco use and other drug abuse and addictions and to promote the health and well-being of all human beings.
- u) Actively participate in the public awareness of the effects of alcohol, tobacco and other drug effects, including alcoholism and other addictions and act to ensure that all persons, especially the disadvantaged, have access to necessary resources and services.

(Adapted from the National Association of Prevention Professionals and Advocates'  
"Code of Ethical Conduct for Prevention Professionals")