



Massachusetts Problem Gambling TA Center

Massachusetts Problem Gambling Specialist (MA PGS) CERTIFICATE REQUIREMENTS & APPLICATION

Introduction

The Massachusetts Problem Gambling Specialist (MA PGS) Certificate recognizes professional experience, training, and understanding of gambling disorder among substance use disorder clinicians. It was created to help these clinicians understand and recognize the importance of screening, assessing, and treating gambling disorders among their clients.

All certified and licensed substance use disorder clinicians are encouraged to meet the minimum requirements (described below) to receive a MA PGS Certificate so that they can address the needs of patients and clients with gambling disorders.

The MA PGS Certificate is managed and administered by Health Resources in Action (HRiA) on behalf of the Massachusetts Department of Public Health (MDPH), Office of Problem Gambling Services (OPGS).

Who is Health Resources in Action?

HRiA is a Boston-based, non-profit public health organization with a mission to help people live healthier lives and create healthy communities through prevention, health promotion, policy and research. We work with governments, communities, scientists, and community-based organizations to develop innovative solutions for our most critical public health issues, with a focus on health and racial equity. HRiA manages the statewide Problem Gambling Technical Assistance Center, which provides a range of capacity building assistance to organizations that provide problem gambling treatment services. In addition, HRiA operates the MA Helpline which provides information and referrals to substance use and gambling disorder treatment and recovery support services across the Commonwealth.

If you have any questions about specific programs or information, please don't hesitate to contact HRiA for additional information:

Massachusetts Problem Gambling TA Center
Health Resources in Action, Inc.
2 Boylston Street
Boston, MA 02116
617.279.2240 (office)
800.327.5050 (helpline)
HelplineMA.org



MA PGS Certificate Requirements

Applicants may receive the MA PGS certificate subject to the following requirements. Documentation of these requirements must be submitted with your initial application.

Education and Work Requirements:

- Master's or doctoral degree with one year of addiction-related clinically supervised experience, or a
- Bachelor's degree with two years of addiction-related clinically supervised experience, or a
- High school diploma with an internship and three years of addiction-related clinically supervised experience.

Problem Gambling Specific Training Requirements:

30 CEU hours of gambling specific training that may include face-to-face or online trainings. Submitted CEUs will be reviewed by HRiA.

Clinical Supervision Requirements:

On-going documented supervision regarding gambling specific or addiction disorder cases with a supervisor. (This requirement is not necessary if you currently work as a clinical supervisor or an independent practitioner in private practice.) The letter from your supervisor must state that you receive regular clinical supervision and that problem gambling issues will be discussed as they arise with clients and include:

- A description of the applicant's direct contact with supervision regarding gambling disorder and/or addiction cases. (Group or individual supervision is allowed, but time spent in staff meetings or administrative meetings is 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.
- The supervisor's professional qualifications

Ethical Code of Conduct and Disciplinary History:

Every clinician with a MA PGS certificate must affirm that they will adhere to the ethical code of conduct set forth. Additionally, he/she must complete a disciplinary history form.

What Does a MA PGS Certificate do for you?

- Offers an easy way for you to demonstrate to others your professional experience and understanding of gambling disorders;



- Allows access to a community and discussion about gambling disorder treatment in the Commonwealth of Massachusetts;
- Ensures that you get up-to-date information from HRiA on research, upcoming trainings, and other professional development events;
- Allows your treatment agency or private practice to be added to the MA Helpline's referral lists.

APPLICATION INSTRUCTION FORM

PLEASE READ ALL THE INSTRUCTIONS AND GATHER ALL NECESSARY DOCUMENTATION BEFORE PROCEEDING.

1. Complete MA PGS Certificate Application form including:
 - a. Submit resume of addiction-related clinically supervised experience and include references of clinical supervisors.
 - b. Read the MA PGS Clinical Supervision information and upload all necessary information (letter or proof of independent license).
 - c. Upload documentation of gambling specific training requirements.
 - d. Read, complete and digitally sign Ethical Code of Conduct, Disciplinary History, and Consent to Release of Information.
 - e. Fill out Referral
2. Payment can be sent as a check to the address below or will be submitted at the end of the online form

Fees:

Initial Certification \$50

Renewal \$25

Lapsed Certification Renewal \$75

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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.

Maintenance and Renewal

Once you have been approved and received your MA PGS certificate, you will need to **renew it every two years**. In order to maintain your certificate, you must submit documentation of:



- 15 CEU hours of gambling specific education
- Proof of continued clinical supervision regarding problem gambling
- \$25 processing fee



MA PGS CERTIFICATE APPLICATION FORM

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (cell): _____

Email (home): _____

Email (work): _____

Current Employer: _____ Job Title: _____

Name/Address of program where you work: _____

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

Education and Work Requirements

Check the appropriate box below and upload resume with references to confirm clinically-supervised experience. Include a copy of your diploma.

- Master's or doctoral degree with 1 year of addiction-related clinically supervised experience
 - Name of institution and degree earned: _____
 - Please briefly describe addiction-related clinical experience. (100 word count)
- Bachelor's degree with 2 years of addiction-related clinically supervised experience
 - Name of institution and degree earned: _____



- Please briefly describe addiction-related clinical experience. (100 word count)
- High School diploma with an internship and 3 years of addiction-related clinically supervised experience.
 - Name of high school or GED program: _____
 - Please briefly describe applicable internship and addiction relation clinical experience. (100 word count)

Upload (PDF) your resume demonstrating clinical experience and include references for each applicable experience.

Problem Gambling Specific Training Requirements

Upload (PDF) of 30 CEUs hours of gambling specific training that may include face-to-face or online trainings. Submitted CEUs will be reviewed by HRIA.

Clinical Supervision Requirements

On-going documented supervision regarding gambling specific or addiction disorder cases with a supervisor is necessary for initial certification. This requirement is not necessary if you currently work as a clinical supervisor or are a licensed, independent practitioner in private practice. Please select one statement below:

- Do you receive regular clinical supervision regarding gambling specific or addiction disorder cases?
 - If yes, please **upload** a letter from your supervisor stating that you receive regular clinical supervision and that problem gambling issues will be discussed as they arise with clients. The letter must:
 - A description of the applicant's direct contact with supervision regarding gambling disorder and/or addiction cases. (Group or individual supervision is allowed, but time spent in staff meetings or administrative meetings is 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.
 - The supervisor's professional qualifications
- Are you a clinical supervisor?
 - If yes, please **upload** a letter from your place of employment certifying your position.
- Are you an independent practitioner in a private practice?
 - If yes, please **upload** a copy of your independent license showing you are in good standing.



Ethical Code of Conduct

Every clinician with a MA PGS certificate must indicate by signing below that they will adhere to the ethical code of conduct set forth.

- Text boxes for digital signature and signing date.

Referrals

- Would you like to receive treatment referrals for your agency from HRiA?
 - Yes or no (check box)
 - If yes, please provide the following referral information:
 - Contact information (name of agency, address, phone number)
 - Fees
 - Insurance coverage
 - Other important referral information
- Would you like to receive treatment referrals for private practice from HRiA?
 - Yes or no (check box)
 - If yes, please complete the PRIVATE PRACTICE form.

ETHICAL CODE OF CONDUCT

(To be read and signed by the applicant.)

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.

Applicant's name (Please print or type):

Applicant's signature

Date

DISCIPLINARY HISTORY

1. 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

2. 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

3. 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

4. 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 Name (Please print or type)

Applicant's Signature

Date

CONSENT TO RELEASE OF INFORMATION

By checking the boxes below and providing your digital signature, you are consenting to the following:

- I give permission to HRiA 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 HRiA 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 HRiA and all individuals and organizations who provide information to HRiA 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 Name (Please print or type)

Applicant's Signature

Date

PRIVATE PRACTICE REFERRAL INFORMATION

Name: _____ Credentials: _____



Name & Address of Practice: _____

City: _____ State: _____ Zip: _____

Phone: _____ *Fax: _____

*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 the problem gambler? _____ Yes _____ No

Any other specialties? If so please list: _____

Digital Signature: Date:

* For our records only, not given to client unless you specifically stated otherwise