



## **NCPG Continuing Education Units Provider Program – Renewal Application**

Thank you for your interest in problem gambling-specific continuing education. The NCPG Education Committee reviews and approves applications for problem gambling-specific Continuing Education Units (CEUs). The purpose of NCPG CEUs is to allow educational providers and attendees to have confidence that an approved conference/training has:

1. Educational goals and objectives that will increase specific or general problem gambling knowledge among program trainees and/or make relevant their area of expertise to the field of problem gambling.
2. Instructional design.
3. Up-to date, evidence-based information that promotes learning about problem gambling.
4. Evidence of successful completion.
5. An evaluation form for each trainee, the feedback from which will be used to improve future trainings.
6. Instructors whose credentials and qualifications demonstrate possession of experience in problem gambling.

The approval covers all trainings provided over the course of the following 12 months after the approved date. Approved providers are assured that their CEUs are accepted by the International Gambling Counselor Certification Board (IGCCB) as well as many other national and state licensing/credentialing bodies. The approved programs are eligible to be listed on NCPG website and in the NCPG quarterly newsletter.

Included in this letter are the application form, the fee schedule and application instructions. Please allow four to six weeks for NCPG staff and the Education Committee to process your application and receive your approval. Contact Vicki Linton with any questions at [vickil@ncpgambling.org](mailto:vickil@ncpgambling.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Eppler", written in a cursive style.

Michelle Eppler, Chair, Education Committee

## NCPG CONTINUING UNITS PROVIDER PROGRAM RENEWAL APPLICATION

### ORGANIZATION INFORMATION

Organization Name:	Website:	
Mailing Address:		
City:	State:	ZIP Code:

### APPLICANT CONTACT INFORMATION

Contact Person:	
Title:	Email Address:
Office Phone:	Cell Phone ( <i>optional</i> ):

### BASIC EVENT INFORMATION

Title of Presentation/Training/Workshop:		
Date of Event:	Phone:	
City:	State:	ZIP Code:
Number of CEUs Offered:		

### REQUIRED PRESENTATION INFORMATION

*Please provide the following information for each individual presentation/training/workshop that was offered over the past 12 months:*

- Description of the training (abstracts, objectives, etc.)
- Names of presenters/trainers and their credentials
- Location of the training
- Date of the training
- Number of CEU hours offered
- Number of participants expected
- Evaluation summary paragraph

### CEU REWARD AGREEMENT

*Please initial to indicate agreement to the following statements:*

- We agree to provide educational goals and objectives that demonstrate that our programs will increase specific or general problem gambling knowledge among program trainees.
- We agree to provide instructional design that promotes learning about problem gambling.
- We agree to provide evidence of successful completion and an evaluation form for each trainee.
- We agree to utilize instructors whose credentials and qualifications demonstrate possession of expertise in problem gambling and/or make relevant their area of expertise to the field of problem gambling.

By initialing the four statements above, and by signing below, we agree to provide educational programming that upholds the criteria of the NCPG Education Committee.

## NCPG CONTINUING UNITS PROVIDER PROGRAM RENEWAL APPLICATION

Signature:		Title:	
Print name:			Date:
<b>APPLICATION FEE</b>			
<i>Please choose one application fee</i>			
<input type="checkbox"/> \$50 (NCPG Members)	NCPG Membership Number:		<a href="#">How do I find it?</a>
<input type="checkbox"/> \$75 (Non-Members)	<a href="#">Click here</a> for info about becoming a Member of NCPG.		
<b>PAYMENT METHOD</b>			
<i>Please choose your payment method</i>			
<input type="checkbox"/> Check Enclosed (please make payable to NCPG)			
<input type="checkbox"/> Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Signature:		Date:	
Print name:		Title:	