

# Application for Problem Gambling Certification

REQUIRED FOR ALL APPLICANTS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Work phone: \_\_\_\_\_ Email: \_\_\_\_\_

Current occupation: \_\_\_\_\_

Agency: \_\_\_\_\_

Work supervisor's name: \_\_\_\_\_

Oklahoma gambling counselor consultant: \_\_\_\_\_

Are you currently licensed or certified?  yes  no

*Please list your licenses or credentials, their numbers and whether they are the state or national level.*

License/Credential	License Number	State/National	Date Issued	Expiration Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have liability coverage through your tribe or organization?  yes  no

Do you have individual liability insurance?  yes  no

*Please mail, email, or fax the application and additional required documentation to:*

OKLAHOMA ASSOCIATION ON PROBLEM GAMBLING AND GAMING  
501 E. Alameda, Suite E, Norman, OK 73071  
Fax: (405) 801-3330 Email: [ksimpson@oapgg.org](mailto:ksimpson@oapgg.org)

Your initial application will remain active for a period of two years. If at the end of two years your file is incomplete, you will be notified that you will have to reapply when your documentation is complete. If you have any questions about the certification application process, please call OAPGG at (405) 801-3329.

When your application is complete, you will be notified that it has been forwarded to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) for final review and approval. At this time, you may submit your payment to ODMHSAS. ODMHSAS will review all documentation and checklist to ensure it is appropriate and complete. If appropriate and complete and once payment is received ODMHSAS will email your certification.

Please see the certification guide for more information.

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*For official office use only*

*Date received:* \_\_\_\_\_

*Date completed:* \_\_\_\_\_

*Date forwarded:* \_\_\_\_\_

*Renewal date:* \_\_\_\_\_