TREATMENT ASSISTANCE PROGRAM
CLINICAL SUPERVISOR APPLICATION

To be deemed an approved clinical supervisor for Treatment Assistance Program Services, an individual must complete this application and send it, along with all supporting documentation, to:

Office of Problem Gambling
ATTN: Treatment Administrator
1110 W. Washington St., Suite 450
Phoenix, AZ 85007

SECTION A

NAME:_____SOCIAL SECURITY #:_____
first middle last

ADDRESS:_____
city state zip

PHONE:_____ FAX:_____ E-mail:_____

AGENCY/PRACTICE NAME_____

SECTION B

Minimum eligibility requirements

All applicants must be licensed to engage in the practice of behavioral health and document the required training/experience listed below.

PROFESSIONAL LICENSES (Submit copies of all licenses):

LICENSE	LICENSE NUMBER	ISSUING BODY	DATE VALID THROUGH

TRAINING/EXPERIENCE: To qualify you must meet either of the following requirements:

A.

_____Performance of 200 hours of Office of Problem Gambling reimbursed TAP services;

AND

_____Completion of 6 hours training on clinical supervision for problem gambling treatment counselors (submit verification).

OR

B.

_____Approved National Gambling Counselor Certification Board Clinical Consultant (submit verification).

I certify that the information provided on this form is true and correct. I will notify the Office of Problem Gambling Treatment Administrator of any additions/changes to the information.

_____ _____
Name (Please print) Title

_____ _____
Signature Date