



CGC / AGC Supervisor's Evaluation Report

When a person applies for credentials as a Certified Gambling Counsellor (CGC) or Associate Gambling Counsellor (AGC), the Examining Board of the CCPC seeks to determine their competence, character and knowledge by authentication from various sources.

As their Supervisor, we consider your comments very important because of your first hand observation of the applicant's skills, knowledge and ethical standard. Please provide us with the following information on the basis of your knowledge through supervised work:

Applicant Name: _____

ASSESSMENT

1. Interviewing skills
2. Assessing signs, symptoms
3. Knowledge of gambling
4. Recognizing needs for referrals and other services
5. Formulation of objectives and proper treatment
6. Evaluating client progress

N/A	POOR	ACCEPT- ABLE	OUTSTAND -ING

COUNSELLING

1. Knowledge of treatment philosophies
2. Communication skills (oral and written)
3. Establishing client trust
4. Orientation procedures
5. Counselling programme development
6. Group therapy management
7. Family member counselling
8. Assessment of ongoing issues
9. Aftercare services
10. Medical recommendations and treatment

N/A	POOR	ACCEPT- ABLE	OUTSTAND -ING



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

1 Edenmills Drive, Toronto, Ontario M1E 4L1 Canada

Tel: (416) 724-5339 Fax: (416) 724-0884

Email: info@ccpcglobal.com

CLIENT EDUCATION

1. Follow-through on plans to educate clients
2. Family member education
3. Community workshops, speaking engagements, etc.

N/A	POOR	ACCEPT-ABLE	OUTSTAND-ING

CASE MANAGEMENT

1. Management of client affairs
2. Maintenance of accurate case records and files
3. Consultations with supervisors and peers
4. Colleague education

N/A	POOR	ACCEPT-ABLE	OUTSTAND-ING

I hereby certify that I have first-hand knowledge and observation of the applicant's work at *[name of work setting]* _____.

During the period from _____ to _____

My relation to the applicant was in the role of _____ for a total of _____ hours. Comments regarding suitability of applicant for Certification.

The information I am giving is my best judgement of the applicant's capabilities to be a Certified Gambling Counsellor (CGC) or Associate Gambling Counsellor (AGC).

Name Signed

Title Agency

Telephone Email

**Please return your report in a separate confidential envelope with the application
Attention: CCPC, 1 Edenmills Rd., Toronto, ON M1E 4L1**