



# CGAC Supervision Form

## Professional Supervision Form

**24 hours of face-to-face, telephone, email, or other electronic communication clinical supervision** from a qualified problem gambling treatment certification clinical supervisor.

(Qualified certification supervisors must have maintained a CGAC II certification for a minimum of 2 years and have a minimum of 10 hours of clinical supervision training with documentation of such in their MHACBO file.)

Candidate Name (print)
Name of Gambling Addiction Program or Agency/Practice where services were provided.
Name & Title of your "ACC" or "BACC"
Dates of Supervision (From - To)

## Supervision Hours

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	

Date of Supervision Session	

Date of Supervision	

Date of Supervision	
Hours Accrued	

Date of Supervision	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision Session	
Hours Accrued	

Date of Supervision	
Hours Accrued	

Date of Supervision	
Hours Accrued	

Date of Supervision	
Hours Accrued	

<b>Total Hours Accrued from all professional</b>	
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