

**Addictive Disorders Regulatory Authority
(ADRA)**

Application for CCGC

Compulsive Gambling Education

Name: _____ Date: _____

Date(s)	Provider	Course/Subject	Semester/Clock Hours

(Make additional copies as needed)

Total number of hours: semester: _____ clock: _____
(Attach transcripts or certificates)

Note: Label hours as (s) for semester or (c) for clock

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