

CBACC EVAL STATEMENT (S.4)

To be completed by a **California Board Approved Clinical Consultant (CBACC)**

CONFIDENTIAL EVALUATION

Please print or type all information

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name: _____

I hereby certify that I have been in a position to oversee and have consulted with the above named person from

(Name of Company/Work Setting)

during the time period from _____ to _____.

My relation to the person was _____
(Clinical Consultant)

During the above time period, I certify that I provided the applicant with a total of _____ hours of clinical consultation relating to the applicant's work as a gambling counselor.

The information I am giving is my best judgment of the above named person's capabilities to be certified as a California Gambling Counselor.

(Printed Name)

(Signature)

_____ (Title) _____ (Date)

(Agency)

(Address of Agency)

(Day Phone)

Return this form (S.4) along with the S.5 and S.6 forms DIRECTLY to:

California Gambling Counselor Certification Board
41690 Ivy St., Suite A7 ♦ Murrieta, CA 92562
Phone (714) 765-5804 ♦ Fax (951) 266-0072