

EVALUATOR'S STATEMENT (C.2)

*To be completed by **Current Co-Worker***

CONFIDENTIAL EVALUATION

DO NOT RETURN THIS FORM TO THE APPLICANT

Applicant's Name: _____

I hereby certify that I have been in a position to observe and have first hand knowledge of the above named person's work at the

(Name of Company/Work Setting)

during the time period from _____ to _____.

During the above time period, I verify that the applicant has _____ total hours working as a gambling counselor.

My relation to the person was _____
(Co-Worker)

The information I am giving is my best judgment of the above named person's capabilities to be certified as a California Gambling Counselor. During the above time period, I certify that I have knowledge of the applicant providing services as a gambling counselor and have no reservations about the applicant meeting the standards of the CGCC.

(Printed Name)

(Signature)

_____ (Title) _____ (Date)

(Agency)

(Address of Agency)

(Day Phone)

*Please note: If you have reservations about the applicant, please indicate your reasons on the back of this form.

Return this form **(C2)** DIRECTLY to:

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