

Gambling Counseling Log

Counselor: _____

Month: _____

I. At Counseling Site(s): _____

Instruction: Document your hours/time spent on gambling counseling activities weekly and total at end of month. Each counselor is responsible for maintaining records of their own time spent. You can then use this info. to judge when you will be eligible to meet NCGC I or NCGC-II levels.

Activities	Week 1 From: To:	Week 2 From: To:	Week 3 From: To:	Week 4 From: To:	Monthly Totals
Intake Interview					
Individual Counseling					
Group Counseling					
Couple Counseling					
Family Counseling					
Consulting/Intervention					
Career Counseling					
Conjoint Counseling					
Didactic* Counseling					
Professional* Presentations					
Report Writing					
Case Conferences					
Individual Supervision					
Group Supervision					
Paper Work					
*Other (List Below)					
TOTALS					

Describe Other: _____
