

# STATE OF NEW MEXICO

GAMING CONTROL BOARD



## GC-17NP COMPULSIVE GAMBLING TRAINING LOG

Licensee Name: \_\_\_\_\_ License # \_\_\_\_\_

Compulsive gambling training must be conducted for ALL gaming employees within 60 days of the employee's hire date and re-certification must be done annually.  
Pursuant to Rule 15.1.18.10 C

| #                                | Name (printed) | Signature      | KA#/WP#     | Hire Date | Training Date |
|----------------------------------|----------------|----------------|-------------|-----------|---------------|
| 1                                |                |                |             |           |               |
| 2                                |                |                |             |           |               |
| 3                                |                |                |             |           |               |
| 4                                |                |                |             |           |               |
| 5                                |                |                |             |           |               |
| 6                                |                |                |             |           |               |
| 7                                |                |                |             |           |               |
| 8                                |                |                |             |           |               |
| 9                                |                |                |             |           |               |
| 10                               |                |                |             |           |               |
| 11                               |                |                |             |           |               |
| 12                               |                |                |             |           |               |
| 13                               |                |                |             |           |               |
| 14                               |                |                |             |           |               |
| 15                               |                |                |             |           |               |
| 16                               |                |                |             |           |               |
| 17                               |                |                |             |           |               |
| 18                               |                |                |             |           |               |
| 19                               |                |                |             |           |               |
| 20                               |                |                |             |           |               |
| Signature: _____                 |                | Name: _____    | Date: _____ |           |               |
| <b>Gaming Manager/Instructor</b> |                | <b>Company</b> |             |           |               |