COMPULSIVE GAMBLING TRAINING REPORTING FORM & SIGN IN ROSTER

Licensee: Please e-mail within 10 days of training date: GCB-RacetrackAudit@state.nm.us

(If unable to e-mail please fax to: Attention: Racetrack Audit (505) 841-9720)

I hereby certify that I conducted training related to compulsive gambling.
Trainer: _____ Company (if applicable) _____ Date _____

Employee Sign In Roster

Pursuant to Rule 15.1.18.10 (B) & (C) NMAC, Employee Training, the following employees have attended this training session. Employee signatures below certify their attendance of this training session on the dates listed above.

Print Last Name	Print First Name & Middle Initial	Sign Legal Name (do not use initials)	NMGCB License #	Checkmark appropriate box		
				Date of Hire	60 day New Hire	Annual Re-certification