

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS DIABETES COMMUNITY SUPPORT WORKERS**

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**2020**

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To complete your application, you will also have to provide other documents. A complete checklist of all the forms and documents you need to send is included on **page 4**.

## Instructions for Completing this Application Package

Congratulations on taking this step to becoming a **Certified Indigenous Diabetes Community Support Worker (CID-CSW)**. This application package contains all of the forms you will need to submit for the review of your application.

Now that you have downloaded the application package, you are responsible for:

1. completing your sections and gathering all the required supporting documents
2. ensuring that your references, supervisor, employers complete their parts
3. sending everything, including the application fee that fits your situation\* to the ICBOC office.  
There is a check list on page 4 to help you. All the material must arrive in our office in one envelope.

\*For more information on applicable fees, please consult ICBOC's Standards and Procedures Manual, available on [www.icboc.ca](http://www.icboc.ca)

### PLEASE KEEP A PHOTOCOPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES.

To understand the certification standards and requirements for this certification, please request the **Certification Standards and Procedures Summaries for Certified Indigenous Diabetes Community Support Worker (CICDSW)** by email or fax or download it from our website at [www.icboc.ca](http://www.icboc.ca).

If your supervisor and your referees wish to keep their references confidential (including the supervisor's evaluation), please provide them with an envelope (none are included in the application package) with the following information printed on the front.

**Example:** for a letter of reference the information on the outside of the envelope should bear the following information: Letter of Reference for ..... (write your first and last name)

Your application materials will first be received, logged, dated and filed by our Administrative Coordinator. Your application file will be passed on to our Registrar for review **only when the complete package** with the cheque or money order (payable to the Indigenous Certification Board of Canada or ICBOC) has been received. Be sure to include your return address on the outside of the envelope containing your application package.

**IMPORTANT:** You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any future change of address.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free 1-877-974-7425 by email at [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto:registrar@icboc.ca)

We look forward to receiving your application package and to assisting you in any way that we can.

*The Board and Staff of ICBOC*

## Check List

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 24. Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://www.icboc.ca)).

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Educational Qualifications Form
	Copy of your certificates or diplomas from educational institutions
	Copy of your transcripts with number of course hours for each course
	Practicum/internship Report (if applicable)
	Photocopy of the certificates documenting any other trainings you have completed
	Education/training form regarding the certification requirements
	Declaration concerning the verification of training
	Current comprehensive Job Description
	Supervisor's Evaluation Form
	Letters of Reference #1 - personal reference
	Letters of Reference #2 - professional reference
	Employers' Letter of Declaration regarding Applicants' Criminal Record Checks
	Consent Form ( <i>Release of information</i> )
	Completed and signed Personal Wellness Plan
	Dated and signed Code of Ethics
	Payment of the Certification fee*, in the form of a cheque, or money order, payable or <b>Indigenous Certification Board of Canada or ICBOC</b>

\*For more information on applicable fees, please consult the ICBOC's Standards and Procedures Manual, available on [www.icboc.ca](http://www.icboc.ca)

All of the required forms that make up the application package must be received by the Registrar as **one complete package** in order for us to process your application. Keep the originals of your certificates, as well as a copy of the other documents in your application for your own records.

If you require more information or assistance, please contact the ICBOC office at 604-874-7425, Toll Free 1-877-974-7425 or by email at [registrar@icboc.ca](mailto:registrar@icboc.ca) or [admin@icboc.ca](mailto:admin@icboc.ca)

The address to submit your application is provided on page 27

## Personal Information

**Very important:** Please ensure that your contact information can be clearly read to avoid errors when we wish to contact you by mail, email or phone. An email address makes communication easier.

APPLICANT'S FULL NAME \_\_\_\_\_  
First Middle Last

ALSO KNOWN AS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street

Town/city Province Postal Code

HOME PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street

Town/city Province Postal Code

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Work email

CURRENT POSITION \_\_\_\_\_

FIRST NATION AFFILIATION/ORGANIZATION \_\_\_\_\_

**Please check your preferred contact location**

HOME ☐ OFFICE ☐

## Assurances Form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Diabetes Community Support Worker enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This “Code of Ethics” defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the ICBOC to contact and obtain information from any references, employers or educational institution(s) deemed necessary in the evaluation of this application.

I waive my right to inspect the results of any such inquiries made to references, employers, or educational institutions. I waive my right to inspect any letters of endorsement or personal reference. I waive my right to inspect the record of deliberations of the Board in considering this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Employment History**

**Applicant:** Please list full-time, paid positions, beginning with your current position and going back consecutively for at least **five positions and/or five years**.

1. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

4. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

5. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

**Employment verification form**

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Diabetes Community Support Worker work experience standard, please photocopy this form and have it completed by these other employers.

**Dear employer/supervisor:**

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Diabetes Community Support Worker. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

Name of employing organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of employer/supervisor (Print) \_\_\_\_\_

Title of employer/supervisor: \_\_\_\_\_

Position of Applicant \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/yearMajor Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional position(s) previously held by the applicant in your organization (if any):

1. Job title \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/yearBriefly describe the applicant's major duties in this previous position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_2. Job title \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/yearBriefly describe the applicant's major duties in this previous position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of employer/supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



**Educational Qualifications**

In the space below please provide information on your educational background. \*Please note that there are provincial differences in the Canadian Education System at secondary and post-secondary levels. Please specify your academic credential.

**A. Secondary Education:** (check appropriate box)

☐ High School Diploma      ☐ GED      ☐ Other\* \_\_\_\_\_  
(please specify)

**B. Post-Secondary Education:**

Have you pursued a post-secondary education program? Yes ☐ No ☐

If the answer is yes, please provide details for each post-secondary program:

**Name of University/College:** \_\_\_\_\_

*(Check appropriate box)*      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

**Name of University/College:** \_\_\_\_\_

*(Check appropriate box)*      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

3. **Name of University/College:** \_\_\_\_\_

*(Check appropriate box)*      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

### ICBOC - Declaration verifying an applicant's alternative learning/training

As an indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through other means. We encourage employers and supervisor to encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

**IMPORTANT:** Please read, use and complete this form carefully, as instructed. **Failure to do so will annul the forms.**

- **Do not use this form for any training provided by external trainers/facilitators.** If you attended in-house training, provided by external facilitators, please request certificates, and submit them with your application
- Use **ONE** form for each type of situation and signatory – photocopy the form as needed
- The total hours in **ALL** the forms submitted must **not exceed 26 hours**.

Please use this form to only document the hours of **training acquired via the three (3) alternative ways** listed below. **Ensure it is completed as required by a person qualified to sign it** (employer, Elder, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). **A maximum of 26 hours for all the learning acquired in one or all listed situations will be accepted.** In the case of your certification renewal, this could represent over half of the 40 hours required:

**Situation 1.** Participation in cultural/traditional activities in the context of your healing work with clients.

**Situation 2.** Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.

**Situation 3.** Training you have yourself delivered in-house to your colleagues, your clients or the public. In this case, please also submit both a copy of the training session description, including the title, learning objectives, content description and agenda.

Date of this declaration		Name of applicant	
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job Title of the person signing this declaration			
Telephone		Email	
<b>List of training(s) attended by this applicant</b>			
<b>Date of training</b>	<b>Title of the training session</b>		<b>Hours</b>
<b>Note:</b> If you need more space to list the training that the applicant has attended/completed, please photocopy this page. <b>Please ensure that the declaration section below is completed.</b>			
<b>DECLARATION</b>			
I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.			
Signature of qualified person _____			
Date _____ Year                      Month                      Day		Telephone # _____	

## Supervisor's Evaluation Form (page 11 to 14)

NAME OF APPLICANT: \_\_\_\_\_

### Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears above and who is applying to the Indigenous Certification Board of Canada for certification as an **Indigenous Diabetes Community Support Worker**. Applicants must have employment utilizing the skills required in his/her job description. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT (must be at least six months): \_\_\_\_\_

**Please indicate the percentage of time the applicant spends sharing knowledge and providing care in diabetes during a week of work in the following areas:**

Health promotion  % Diabetes Prevention  % Community outreach  % Care delivery (foot care)  %

**IMPORTANT:** Please place a cross (x) in the box that most accurately reflects the applicant's level of knowledge, skill or competency for each of the statements

**Scoring key:** 1=Need more training /experience      2=Adequate      3=Good      4=Excellent

CID-CSW – CORE KNOWLEDGE AND SKILLS				
Basic anatomy and physiological processes linked to diabetes	1	2	3	4
Knowledge of human anatomy and physiological systems				
Knowledge of the physiological processes that are linked to diabetes				
Ability to identify the medical tests that are used to diagnose diabetes				
Basic pathophysiology	1	2	3	4
Knowledge of the difference between the diabetes type 1 and type 2				
Ability to identify the signs and symptoms of prediabetes and gestational diabetes				
Ability to identify the causes, risk factors of both type 1 and type 2 diabetes				
Knowledge of the signs and symptoms of hyperglycemia				
Knowledge of the signs and symptoms of hypoglycemia				
Knowledge of the common complications of diabetes				
Epidemiology of diabetes among Indigenous communities in Canada	1	2	3	4
Knowledge of the prevalence of diabetes in the community				
Knowledge of the high-risk factors that characterize Indigenous peoples in Canada				
Ability to identify individuals and families at risk for complications				
Knowledge of the impact of prediabetes and diabetes in the community				
Concepts of health promotion and diabetes prevention	1	2	3	4
Knowledge of the approaches for diabetes prevention and risk reduction				
Knowledge of the physical, mental and psychological approaches to wellness				
Ability to identify the barriers to diabetes prevention and risk reduction within the community				
Knowledge of the traditional approaches to diabetes prevention and care				
Psychosocial impact of diabetes on individuals, families and communities	1	2	3	4
Ability to identify the psychological and social impacts of diabetes on the affected individual				
Ability to identify the psychological and social impacts of diabetes on the affected family				
Ability to identify the social impacts of diabetes on the community				
Knowledge of community resources available to assist individuals and families in coping with the psychosocial impacts of diabetes				
Score this page				

CID-CSW – CORE KNOWLEDGE AND SKILLS				
<b>Basic client education in diabetes self-management and care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Awareness of the common myths associated with diabetes and diabetes care				
Awareness of the possible psychological barriers that individuals and families may have in relation to diabetes medications, self care and receiving care				
Knowledge of the medications most commonly prescribed for diabetes and their management				
Knowledge of blood glucose monitoring				
Ability to assist individuals and their family develop/implement a diabetes care/wellness plan				
<b>Introduction to foot care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the impact of diabetes on the feet				
Ability to identify a diabetic foot				
Knowledge of foot injuries that require medical attention				
Knowledge of the different components included in basic foot care				
Knowledge of particular areas of the foot needing specific care				
Knowledge of the limits to be respected in regard to the extent of the foot care to be provided in the context of one's position as a Community Diabetes Support Worker				
<b>Score</b>				
<b>TOTAL SCORE CORE KNOWLEDGE AND SKILLS</b>				
<b>CID-CSW - GENERAL KNOWLEDGE AND SKILLS</b>				
<b>Communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to develop supportive relationship with people with diabetes and their family				
Ability to communicate information in a way that is clear and easy to understand				
Ability to communicate with a variety of people and organizations in the community by exercising tact, diplomacy, judgment, discretion and honesty.				
Ability to apply the concept of emotional intelligence when interacting with others				
Ability to present information in a variety of format				
Possess good listening skills with ability to empathize and establish rapport with others				
<b>Professional ethics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the concept of ethics and its application in a professional context				
Knowledge and adherence to the ICBOC code of ethics				
Knowledge and adherence to the professional ethics in place at the place of work				
<b>Score</b>				
<b>TOTAL SCORE GENERAL KNOWLEDGE AND SKILLS</b>				
<b>KNOWLEDGE IN THE 6 CORE FUNCTIONS OF A CID-CSW</b>				
<b>Health Promotion</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the role of a Community Diabetes Support worker is the area of health promotion				
Ability to identify actions that can be taken to promote health and wellness at community level				
Ability to identify actions that a particular individual or/and family can take to reach an improved level of health and wellness				
<b>Community outreach</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to organize education and awareness activities that promote wellbeing one-on-one, to groups or families				
Ability to organize home visit when requested or if deemed appropriate				
Willingness to meet people where they are, and if, necessary, after work hours.				
Ability to facilitate access to the services that individuals and families affected with diabetes require				
<b>Score this page</b>				

<b>Knowledge sharing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to share diabetes information provided by qualified diabetes professionals with the community				
Ability to communicate up-to-date current and traditional basic principles of healthy relationship to food				
Ability to provide accurate and suitable resources diabetes educational material for all ages and all types of diabetes				
Ability to coach individuals and their family in the self-management of their diabetes				
Ability to identify and communicate the availability of healthy food choices				
<b>Referrals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to know one's limit and to refer those seeking information and advice to qualified professionals				
Knowledge of the resources and services available within and outside the community for the prevention, diagnostic, treatment, and follow-up of diabetes issues				
Ability to match referrals to the need of individuals and families				
<b>Advocacy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understanding of the gaps in diabetes support and services for individuals and families affected by diabetes that exist in the community				
Understanding of the barriers preventing access to diabetes support and services for individuals and families affected by diabetes within and outside the community				
Ability to develop alliances with groups working for change as well as with individuals who have cultural expertise relevant to the issues				
Ability to leverage the influence of allies for confronting the barriers and implementing the changes needed				
<b>Care delivery</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the type of care needed by people in the community affected by diabetes				
Collaborate with qualified professionals to ensure the community is aware of the diabetes care advice and services available within and outside the community				
Ability to provide limited foot care to individuals in the community who are affected by diabetes				
<b>Score</b>				
<b>Total Score Core Functions</b>				
<b>CULTURAL COMPETENCY</b>				
<b>Knowledge of cultural approaches to diabetes</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of traditional food and their use in diabetes risk reduction				
Ability to implement and incorporate culture, beliefs, values and traditions in interventions				
Understands the positive impacts of culturally appropriate care on recovery and wellbeing				
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
<b>Indigenous language skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Is currently enrolled in a native language training program				
Knowledge and ability to communicate with clients in an Aboriginal language				
<b>Score</b>				
<b>Total Score Cultural competency</b>				

PROFESSIONAL COMPETENCIES				
Professional attitude	1	2	3	4
Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with individuals and families affected with diabetes				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Communicate truthfully and avoid misleading or raising unreasonable expectations in others				
Ability to respect the customs and beliefs of others				
Knowledge of the values/teachings that guide personal and profession conduct in relationships				
Score				
Total Score Professional Competencies				

SUPERVISOR's REFERENCE - Please comment on the following
<b>Moral Character</b> _____  
<b>Professionalism</b> _____  
<b>Community Standing</b> _____  
<b>Commitment to helping individuals and families affected by diabetes</b> _____  

Name of Supervisor (please print): \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street
City

Province \_\_\_\_\_ Postal code \_\_\_\_\_ TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employers<sup>1</sup> Letter of Declaration Regarding Applicants Criminal Record Checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

### LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC

Name of applicant \_\_\_\_\_

Name of organisation or institution where the applicant is employed \_\_\_\_\_

Employer's name \_\_\_\_\_

I, \_\_\_\_\_ affirm that I am the applicant's employer.

I moreover declare that, in accordance with all applicable laws, a criminal record check was conducted on the applicant prior to commencement of employment and/or within 90 days of applying for certification and that, as an employer, I am satisfied that the applicant does not pose any risk to clients.

I confirm that that I am the person authorized to sign this declaration and that the information I have provided in this declaration is correct and complete.

Signature of the employer \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> By "Employer" is meant any person who is legally responsible for insuring the verification of criminal record checks for all employees and who is authorized to sign this declaration

## Personal Letter of Reference #1

### In support of an application for certification as an Indigenous Diabetes Community Support Worker

NAME OF APPLICANT: \_\_\_\_\_

The above-named individual has applied for certification as an Indigenous Diabetes Community Support Worker with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant personally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

If you wish, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character \_\_\_\_\_

\_\_\_\_\_

2. Professionalism \_\_\_\_\_

\_\_\_\_\_

3. Community Standing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Personal Letter of Reference #1 (second page)

7. Volunteer Activities \_\_\_\_\_

8. Other Remarks \_\_\_\_\_

Name of Referee \_\_\_\_\_  
Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.**  
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

### GLOSSARY OF TERMS (letter of reference #1)

#### Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

#### Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

#### Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

#### Commitment to helping individuals and families affected with diabetes

State evidence that the applicant considers his/her involvement in the field as more than a “job”

## Professional Letter of Reference #2

### In support of an application for certification as an Indigenous Diabetes Community Support Worker

NAME OF APPLICANT: \_\_\_\_\_

The above-named individual has applied for certification as an Indigenous Diabetes Community Support Worker with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant professionally for at least six months.** The referee must not be a relative. A glossary of terms has been provided to assist you.

If you wish, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: \_\_\_\_\_

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character \_\_\_\_\_

\_\_\_\_\_

2. Professionalism \_\_\_\_\_

\_\_\_\_\_

3. Community Standing \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Professional Letter of Reference #2 (second page)

7. Volunteer Activities \_\_\_\_\_

8. Other Remarks \_\_\_\_\_

Name of Referee \_\_\_\_\_  
Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.**  
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

## GLOSSARY OF TERMS (letter of reference #1)

### Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

### Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

### Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

### Commitment to helping individuals and families affected by diabetes

State evidence that the applicant considers his/her involvement in the field as more than a “job”

## Consent Form

### Consent for the release of information

I, \_\_\_\_\_, of \_\_\_\_\_  
Print Name of Employee Print Name of Employer/Organization

hereby authorize and consent the release of information or documentation pertaining to my certification application to persons that the ICBOC might need to consult for the purpose of certification, **except** to the persons/and or organisations named below (write a list of names of individuals or organisations to whom ICBOC **should not** release your information):

If you authorize the ICBOC to release information, you can still choose to limit the information released. Place indicate below the information you do not wish to be released:

This consent for release of information may be withdrawn at any time by written request addressed to the Certification Board and/or it will expire on the expiration date of your ICBOC certification

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

**Note: The Indigenous Certification Board of Canada** will not include you in its Registry of certified professionals if we do not have this consent form from you.

## Personal Wellness Plan

### Circle of Life

All **Certified Indigenous Diabetes Community Support Workers** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

**“ My Wisdom of Choice is my great gift received from the Creator. I draw on the teachings and wisdom of Elders whom I know and respect. Their insights provide the vision I need to discover my purpose.”**

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

### Examples:

#### **a. Strengths**

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

#### **b. Spiritual**

Traditional/cultural ceremonies, prayer, spiritual readings, meditation.

#### **c. Emotional**

Cultural practices, healing, work environment, adventure, rest and relaxation, feelings, virtues, beliefs, values, self-esteem.

#### **d. Physical**

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex.

#### **e. Mental/Social/Cultural**

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management.

## My Personal Wellness Plan

My name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

A. My **Strengths**: \_\_\_\_\_

What may stop me from using my strengths to achieve the goals I choose for myself: \_\_\_\_\_

B For my **Spiritual** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

C. For my **Emotional** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. For my **Physical** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. For my **Mental** well being,:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional Indigenous healing philosophy. Please sign and date it, and submit it with your application

- Maintain a healthy lifestyle during our tenure as Indigenous certified professionals.
- Strive to incorporate the spiritual teachings of our ancestors into our daily lives.
- Take personal responsibility for continued growth through education, training and a developmental wellness plan.
- Be dedicated to the primary goal of maintaining the optimum wellness of the client.
- Show a genuine interest in helping and serving persons with diabetes issues and be dedicated to the concept of wellness, recovery and holistic healing.
- Honour cultural and traditional teachings that empower clients to choose a healthy lifestyle.
- Recognize the therapeutic value of humour.
- Accept and show respect for the diversity of all peoples and honour their race, colour, creed, age, sexual orientation, cultural/spiritual practices and views.
- Respect the client by maintaining an objective professional relationship at all times. Avoid dual relationships at all times.
- Protect the confidentiality of all professionally acquired information. Disclosure of such information is done only when required or allowed by law to do so, or when clients have consented to disclosure. This includes all records, materials, and communications.
- Make a commitment to provide the highest quality of service possible. This is evidenced by continued professional interaction with clients, their family and the community
- Where necessary, have recourse to other health professionals and/or services to assist and guide the client in her/his recovery and wellness.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in the client’s best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, code of conduct, and any other clause, regulation, stipulation in effect in your place of work and that you are responsible to apply in your personal and/or professional life
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

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Signature

Date: \_\_\_\_\_

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Name (Please print)

## WHERE TO SUBMIT YOUR APPLICATION

If you have questions or need more information, don't hesitate to contact us, we are here to assist you.

Please send your application, with the certification fee\* to the following address. Cheques and money orders to be made to ICBOC.

Registrar, ICBOC  
#207 – 2735 East Hastings Street  
Vancouver, BC  
V5K 1Z8

**Telephone:** 604-874-7425

**Fax:** 604-874-7425

**Toll free:** 1-877-974-7425

**Email:** [registrar@icboc.ca](mailto:registrar@icboc.ca)

**Website:** [www.icboc.ca](http://www.icboc.ca)

\*For more information on applicable fees, please consult the list of fees in the ICBOC's Standards and Procedures Manual on [www.icboc.ca](http://www.icboc.ca)