

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS CLIENT SUPPORT ADDICTION WORKERS**

2015

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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 Client Support Addiction Worker (CICSAW)**. 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, and
3. sending everything, including the \$200 application fee to the ICBOC office. There is a checklist page 4 to help you. All material must arrive in our office in one envelope.

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

To understand the certification procedures and requirements for this certification please request the **Summary of Standards and Requirements** by email or fax, or download it from our website at www.icboc.ca.

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

Name of applicant
Letter of Reference

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: If you change your address, telephone or email, please do not forget to inform us.

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 or by email at admin@icboc.ca or registrar@icboc.ca

We look forward to receive your application package and to assist 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 28. **Please visit our website for other information and documents related to this certification (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
	\$200.00 cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC

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 or admin@icboc.ca

The address to submit your application is provided on page 28

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 Wellness and Addictions 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.

I certify that I have no history of alcohol or other substance misuse for a minimum period of three (3) years immediately prior to making this application.

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: _____

APPLICANT'S NAME _____

DATE _____

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 _____

APPLICANT'S NAME _____

DATE _____

Employment verification form

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 for certification from the Indigenous Certification Board of Canada. 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/year

Major 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/year

Briefly describe the applicant's major duties in this previous position: _____

2. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly 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 _____

Educational/training information regarding certification requirements

- If you have knowledge in any of the topics listed, please indicate where it was acquired.
- If you are sending a certificate in support of this knowledge, please place check the "**certificate**" column.
- Training hours not verified through a certificate or transcripts are not counted for certification.

Knowledge/Skills Set	Where did you acquire this education/training (college/university, workshop, in-house training, course, etc...)	Certificate
Addictions- Specific Topics		Certificate
Introduction to Addictions		
Addiction& Mental Health Topics		Certificate
Grief work		
FASD		
Mental health		
Residential School & Intergenerational Trauma		
Aboriginal & Western therapeutic Approaches		
Trauma		
Suicide		
Relapse prevention		
Co-occurring disorders		
Specific drugs/substances		
Resilience		
Prevention		
HIV/AIDS		
General Knowledge/Skills		Certificate
Interpersonal communication		
Client needs Assessment, screening & Assessment tools		
Case management		
Pharmacology		
Motivational Interviewing		
Brief intervention/Counselling		
Conflict resolution		
Self-care		
Ethics		
Safety Skills		Certificate
Crisis Intervention		
FirstAid/CPR/AED		
ASIST		
Fire Extinguisher		
WHMIS		
Communicable disease prevention		
For Cultural Cultural Practice regognized as training, please asked a qualified person to complete the form on page 11		

Declaration concerning the verification of 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.

Please use this form to document the hours of training acquired in the alternative ways listed below, ensuring 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)

- **Participation in cultural, traditional activities, ceremonies in the context of your healing work with clients.**
A maximum of 26 hours spent in such activities will be accepted. In the case of your certification renewal, this could represent over half of the 40 hours required.
- **In-house training provided by your employer.**
- **Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.**
- **Training you have yourself delivered 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	
List of Training provided in-house and attended by this applicant			
Date of training	Title of the training session	Hours	
Note: If you need more space to list the training that the applicant has attended/completed, please photocopy this page. Please ensure that this section of the declaration is completed.			
DECLARATION			
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	

Supervisor's Evaluation Form (page 12 to 17)

Note to applicant: if the person you are asking to complete this form **has not been your supervisor for at least six (6) months**, please copy this form and request that your former supervisor also provide their comments.

NAME OF APPLICANT: _____
To be filled in by applicant

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears above and who is applying for certification from the Indigenous Certification Board of Canada. Applicants must have employment utilizing addictions prevention skills. **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: _____

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

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

CICSAW – KNOWLEDGE/SKILLS SET IN ADDICTIONS AND MENTAL HEALTH				
Introduction to Addictions (within an aboriginal perspective)	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions				
Knowledge of the signs and symptoms of addictions and/or polydrug abuse, including physical and psychological aspects				
Knowledge of the effects of addictions on individuals, family & community				
Ability to identify the linkages associated with resilience and other protective and predisposing factors				
Knowledge of the kinds of mental illnesses or mental health issues often experienced by clients with concurrent disorders				
Scores				
Maximum			20	
Related Knowledge/Skills in Addictions and Mental Health	1	2	3	4
HIV/AIDS				
Grief and Loss				
FASD				
Suicide				
Concurrent Disorders				
Scores				
Total Score knowledge/skills Additond & Mental Health				
Maximum			20	

GENERAL KNOWLEDGE/SKILLS				
Interpersonal Communication	1	2	3	4
Ability to use active listening with clients and to encourage healthy two-way communication				
Ability to keep channels of communication open with clients to respond to their need and to identify potential issues				
Ability to establish and maintain helping relationship with clients and family members				
Knowledge of sources of conflict and conflict management approaches and practices				
Demonstrate respect and non-judgmental attitude toward clients, and in all contacts with colleagues, service providers, other professionals and agencies.				
Self-care	1	2	3	4
Awareness of the importance of the Mental, Emotional, Spiritual and Physical facets of a healthy and balanced life.				
Awareness of the overarching traditional values that support and uphold wellness				
Knowledge of various practices that fosters and enhance wellbeing				
Ability to develop and follow a personal wellness plan				
Ability to acknowledge one's limits and seek help when needed				
Professional Ethics	1	2	3	4
Knowledge of the values/teachings that guide personal and profession conduct in relationships				
Knowledge of the professional ethical conduct guidelines, policies, and procedures in place at the place of work				
Knowledge of the legal rights of clients				
Demonstrates commitment to develop and maintain professional competence				
Commitment to treat all clients with respect based irrespective of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any other basis				
Scores				
Total Score General Knowledge/skills				
Maximum			60	

8 CORE FUNCTIONS				
1. PRIMARY SCREENING AND ASSESSMENT	1	2	3	4
Knowledge of the importance of cultural awareness and safety in early identification and intervention services				
Ability to identify and understand client needs, concerns and issues				
Knowledge of the role of assessment as an important component of a client-centered plan				
Knowledge of data gathering tools related to client screening, admission and assessment				
Ability to document client information, adhering to all relevant procedures, templates or guides to ensure completeness and accuracy				
2. CARE PLANNING	1	2	3	4
Ability to involve clients in the decision making process leading to the planning of individual or family health promoting activities				
Ability to develop care plans with a strong focus on client strengths, cultural identity, engagement and resilience				
Ability to consider the role of the family and detachment from children as factors in care planning success				
Awareness of needs for medical care, safety and support to forge and maintain a wellness lifestyle				
Capacity to translate assessment information into care plans with clear goals and outcomes				
3. CARE FACILITATION	1	2	3	4
Ability to describe to the client the general nature and goals of the program, rules governing client conduct etc...				
Ability to include community and family members when facilitating care and to ensure client's other service providers have access to shared information				
Ability to explain trauma and intergenerational trauma in an Indigenous context and demonstrates that First Nations healing practices are valued				
Ability to locate, and supports access to cultural services and community support systems for all clients				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
4. CLIENT SUPERVISION AND SUPPORT	1	2	3	4
Ability to follow policies and procedure in the supervision and orientation of clients				
Ability to assist clients in maintaining appropriate standards of behaviour and attitudes according to established therapeutic intervention practices				
Provides supporting care through informal means including community and family members				
Ability to ensure client discharge process and procedures are followed in accordance with policies				
Ability to supervise, coordinate and facilitate daily recreational, fitness and social activities				

5. CLIENT ENGAGEMENT	1	2	3	4
Ability to recognize denial defense behaviors and mechanisms and to motivate clients to achieve their treatment goals				
Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey				
Ability to use crafts or working with one's hands (e.g., beadwork, sewing, drawing and similar activities) as a process supporting participant engagement				
Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey				
Ability to create a positive encouraging environment for all activities involving clients and their family				
6. BRIEF COUNSELLING	1	2	3	4
Ability to assure clients that they are actively being listened to and that every effort is made to understand their point of view during the brief intervention.				
Ability to tailor brief interventions to be culturally sensitive and responsive to clients' needs and situation				
Understanding of the benefits in using brief interventions				
Ability to match models of behaviour and behaviour change to clients' needs and goals				
Knowledge of effective interviewing approaches and techniques to motivate and engage clients				
7. CLIENT EDUCATION	1	2	3	4
Understands how involving clients in decisions about their own treatment path, helps to rewire brain pathways				
Ability to incorporate storytelling to teach indigenous culture while connecting to cultural identity and teaching relevant wellness skills and knowledge				
Ability to uses community media and other means to promote culturally relevant, community-based health activities				
Ability to coordinate or deliver grouped individual activities to enhance family relationships				
Ability to share knowledge and be a role model in terms of personal commitment to personal healing, positive relationships and to a healthy lifestyle				
8. CLIENT SAFETY	1	2	3	4
Ability to supervise effectively clients self-administering medication and to inform senior professionals if incorrect usage of is suspected				
Knowledge and understanding of what constitutes a crisis and ability to recognize a client in crisis				
Ability to ensure safe driving practices when providing client's transport to activities, outings and appointments				
Ability to participate fully in all security and safety measures, policies and procedures ensuring the safety of clients, co-workers and stakeholders				
Ability to report and respond appropriately to client injury or illness				

9. REPORTS AND RECORD KEEPING	1	2	3	4
Ability to prepare and share case notes, reports, minutes of meetings, forms, incidents reports, logs with manager and members of the care team				
Ensures data entry is consistent with National Addictions Management Information System (NAMIS) requirements				
Ability to use appropriate terminology and approved abbreviations in client records and documentation				
Ability to obtain informed consent from clients and documentation required for exchanging information (e.g., during the referral process)				
Ability to protect client rights to privacy and confidentiality in the preparation and handling of records				
10. CONSULTATION WITH OTHER PROFESSIONALS	1	2	3	4
Consults appropriate parties, when needed, to follow up on client request				
Demonstrates an understanding of own roles and responsibilities, and those of other parties involved in providing client service				
Ability to gather and share information about client and care process to consult & gain feedback from other professionals				
Promotes cultural awareness and safety when collaborating with service providers or professionals				
Deals honestly and fairly with others, showing consideration and respect for individual differences				
Total Core Functions				
Maximum				200
OTHER REQUIREMENTS				
Cultural Competencies	1	2	3	4
Knowledge of the intergenerational trauma stemming from the Residential School system				
Knowledge of family dynamics and interactions among First Nations families and communities				
Ability to implement and incorporate culture, beliefs, values and traditions in interventions				
Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery (Ceremonies and other cultural/spiritual activities)				
Understands the positive impacts of culturally appropriate care on a client recovery and wellbeing				
Ability to practice cultural safety and respect the customs and beliefs of others				
Total Scores				
Total Other Requirements				
Maximum				24

Professional Responsibility/Integrity	1	2	3	4
Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with clients				
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 work under supervision and to cooperate with other personnel as well as function effectively with minimal supervision				
Scores				
Total Other Requirements				
Total Maximum				16

GLOSSARY OF TERMS - Supervisor's Reference

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 alcohol/drug mis-users

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

SUPERVISOR'S REFERENCE - Please comment on the following

Moral Character _____

Professionalism _____

Community Standing _____

Non-Alcohol/Drug Related Activities _____

Personal history of alcohol or other substance mis-use _____

Commitment to helping alcohol/drug mis-users _____

Name of Supervisor (please print): _____

ADDRESS _____
Street City

Province Postal code TELEPHONE (____) _____

Signature: _____

Date: _____

Employers' 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: _____

¹ 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 Wellness/Addictions Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Wellness/Addictions 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 _____

4. Non-Alcohol/Drug Related Activities _____

5. Personal history of alcohol or other substance misuse (length of non-use) _____

6. Commitment to helping alcohol/drug mis-users _____

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 alcohol/drug mis-users

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 Wellness/Addictions Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Wellness/Addictions Worker with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **You must have known the applicant professionally 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 _____

4. Non-Alcohol/Drug Related Activities _____

5. Personal history of alcohol or other substance misuse (length of non-use) _____

6. Commitment to helping alcohol/drug mis-users _____

Personal 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 alcohol/drug mis-users

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

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 needs 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 Wellness/Addictions 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's Code of Ethics (please sign, date and return with the rest of your application documents)

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

- Abstain from substance mis-use and process addictions during our tenure as Indigenous certified addictions 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 concept that addictions are treatable and the primary goal is to maintain recovery and wellness of the client.
- Show a genuine interest in helping and serving persons with addictions 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 the client and, where necessary, the utilization of 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.

Signature

Date: _____

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 \$200.00 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

Toll free: 1-877-974-7425

Email: registrar@icboc.ca

Website: www.icboc.ca