

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS WELLNESS AND ADDICTIONS 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 Wellness and Addictions Worker (CIWAW)**. 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 request the **STANDARDS AND PROCEDURES SUMMARY FOR INDIGENOUS WELLNESS AND ADDICTIONS WORKERS** by email, 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:

1. **Name of University/College:** _____

- (Check appropriate box)*
 Degree
 Diploma
 Certificate
 Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

2. **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

The specific education/training requirements for this certification are explained in the **Certification Standards and Procedures Summary for Indigenous Wellness/Addictions workers** (available on request or on our website at www.ICBOC.ca)

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

Addiction-specific topics	Where did you acquire this education/training (college/university, workshop, in-house training, course, etc...)	Certificate
Introduction to Addictions		
Dynamics of Addictions		
Pharmacology		
Human development		
Addiction Interventions		
Self, Health and Wellness		
Ethics/cultural values		
Addiction-related Topics	Where did you acquire this education/training	Certificate
HIV/AIDS		
Conflict management		
Grief work		
FASD		
Trauma work		
Residential School and intergenerational trauma		
Suicide		
Prevention		
Mental health		
Co-occurring disorders		
Western and Aboriginal therapeutic approaches		
Specific drugs/substances		
Selfcare		
Twelve Core Functions	Where did you acquire this education/training	Certificate
Screening		
Intake		
Assessment and evaluation		
Treatment Planning		
Counselling: Individual, Group, Significant others		
Case Management		
Client Education		
Referral		
Reports and Record Keeping		
Crisis Intervention		
Client Orientation		
Consultation With Other Professionals		
Skills/General Knowledge	Where did you acquire this education/training	Certificate
Communications (mandatory)		
Group facilitation skills		
Interviewing skills		
Conflict resolution		

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

Core Knowledge (within an aboriginal perspective)	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions.				
Knowledge of the biological, psychological and sociological factors that determine an individual's level of involvement with substances or gambling				
Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse.				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge of characteristics of family dysfunctions				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of the physiological mechanisms of chemical dependencies				
Knowledge of human growth and development.				
Knowledge of the consequences of maladaptive behaviour on this process				
Knowledge of processes of recovery, including western models and traditional models				
Knowledge of relapse prevention planning and techniques				
Knowledge of personal care and individual responsibility for the practice of basic stress management as it relates to service delivery including understanding balancing of professional and personal lives				
Points				
Total Maximum				48

SUPERVISOR'S EVALUATION FORM (page 12 to 17)

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

Knowledge in addiction-related topics	1	2	3	4
HIV/AIDS				
Conflict management				
Grief work				
FASD				
Trauma work				
Residential School and intergenerational trauma				
Suicide				
Prevention				
Mental health				
Co-occurring disorders				
Western and Aboriginal therapeutic approaches				
Specific drugs/substances				
Selfcare				
Scores				
Total Maximum	52			
General skills/Knowledge	1	2	3	4
Communication				
Oral Communications - Communicates effectively with clients, peers, resources				
Written Communications – Writes accurate reports with relevant information				
Group facilitation				
Understands the role of group facilitation in treatment process				
Understands the principles and methods of group facilitation				
Capacity to match facilitation strategies to needs of groups				
Direct experience in group facilitation				
Interviewing Skills				
Understanding the role of interviewing in gathering relevant information				
Knowledge of effective interviewing approaches and techniques				
Capacity to use a style of interviewing best able to establish good rapport with client, to motivate client and elicit information				
Knowledge of privacy, confidentiality protocols and regulations and client rights				
Ability to keep clear and accurate records from interviews				
Conflict resolution				
Knowledge of sources of conflict				
Knowledge of conflict management approaches and practices				
Experience with conflict management				
Knowledge of resources to call on in situation of conflict				
Scores				
Total Maximum	60			

SUPERVISOR EVALUATION (page 12 to 17)

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

Knowledge and Skills in the 12 Core Functions	1	2	3	4
Screening				
Knowledge and understanding of the role of screening				
Knowledge of screening methods, tasks and tools				
Knowledge of methods/approaches to screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide				
Capacity to interpret the results of screening				
Ability to establish rapport and motivate clients				
Knowledge of resources for clients' referral				
Intake				
Capacity to communicate clearly and sensitively				
Knowledge of necessary administrative procedures for admission to treatment				
Knowledge of data gathering tools related to admission (forms, filing procedures)				
Knowledge of interviewing techniques				
Knowledge of protocols regarding the gathering and storing personal client information (confidentiality, clients legal rights)				
Capacity to listen, offer choices, respect client preference and make client feel valued				
Capacity to assess clients' needs and to prioritize these needs				
Assessment				
Knowledge of the role of assessment as an important component of a client-centered plan				
Knowledge of the assessment methods, tasks and instruments				
Ability to interpret assessment results				
Client Orientation				
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc...				
Treatment Planning				
Knowledge of treatment approaches and long range rehabilitation processes				
Awareness of needs for medical care, post treatment crisis and support to forge and maintain a wellness lifestyle				
Capacity to translate assessment information into treatment plans with clear goals and outcomes				
Ability to involve clients in the process of planning individualized treatment, admission and discharge				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
Knowledge of and ability to participate in various comprehensive treatment processes, knowledge of their rationale, relationship to other methods, and their strengths, limitations and appropriateness for treatment				
Ability to make treatment recommendations based on information obtained from relevant instruments (ex: screening and assessment results) and matching treatment to clients needs, ability and preferences including clients legal rights				
Scores				
Total Maximum				96

Knowledge and Skills in the 12 Core Functions	1	2	3	4
Client Education				
Ability to provide information to individuals and groups concerning alcohol and other drug abuse, risks and implications related to psychoactive substance use, available prevention, treatment and recovery resources and other available services and resources.				
Counselling (Individual, Group and Family/Significant others)				
Knowledge of addictions counseling theories and practice				
Ability to use Counselling models, techniques, to educate, elicit feelings, facilitate self-understanding, and motivate the client to Wellness				
Ability to establish and maintain a genuine, warm, respectful, and empathic therapeutic relationship with a client				
Familiarity with the philosophy and process of recognized and accepted self-help groups such as: Alcoholics Anonymous, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, Al-A-Teen, Parents Anonymous, Gamblers Anonymous, Sexual Addiction Anonymous, Narcotics Anonymous, Over-Eaters Anonymous and recognition about the importance of these supports for long term rehabilitation				
Knowledge of and skill in goal setting, contracting, and problem solving				
Ability to recognize denial defense behaviors and mechanisms. And to motivate clients to achieve their treatment goals				
Ability to locate and/or develop and utilize informational support systems				
Ability to recognize own professional and personal limitation				
Skills and effectiveness in individual counselling				
Skills and effectiveness in group counselling				
Skill and effectiveness in counselling with spouse and family				
Case Management				
Knowledge of case management models				
Knowledge of treatment options				
Capacity to develop, evaluate, adjust, treatment plans as appropriate				
Knowledge of methods to assess client's progress toward treatment goals				
Ability to match clients and most appropriate available services				
Knowledge human resources (self-help groups, agencies, crisis intervention programs, other professionals, governmental entities, and the community-at-large etc..) to address needs and ensure appropriate referrals,				
Ability to establish and maintain helping relationship with clients, family members, co-workers and external colleagues				
Ability to advocate for clients				
Scores				
Total Maximum				80

Knowledge & Skills in the 12 core functions	1	2	3	4
Reports and Record Keeping				
Knowledge of accepted principles of client record management				
Ability to prepare reports/records that comply with regulations				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records				
Ability to protect client rights to privacy and confidentiality in the preparation and handling of records				
Ability to record progress of client in relation to treatment goals				
Referral				
Understanding of the role and scope of outreach services				
Knowledge of and access to community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to interpret the needs of individuals and families with drugs and alcohol related problems				
Ability to determine appropriate referrals referral and educational resources (traditional/cultural/spiritual/pastoral counseling, vocational/occupational counseling)				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
Skill in interpreting to the client the referral resource and its function in relationship to the client's needs and problems				
Ability to follow-up to ensure client gets service from other providers				
Crisis Intervention				
Knowledge and understanding of what constitutes a crisis and ability to recognize a client in crisis				
Knowledge of the principles of crisis intervention				
Ability to use effective verbal and non-verbal communication to deal with a client in crisis				
Capacity to develop and implement a plan for resolving a crisis				
Knowledge of counseling techniques for individuals in crisis in order to ensure safety and promote positive change				
Knowledge of community resources and supports that may assist in the management of the crisis				
Consultation With Other Professionals				
Ability to gather information about client and client's treatment process to identify consultation needs				
knowledge of internal and external resources able to provide assistance in regards to client's needs				
Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders				
Respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.				
Ability to summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment				
Scores				
Total Maximum			96	
TOTAL 12 CORE FUNCTIONS (will be calculated by ICBOC)				

OTHER COMPETENCIES REQUIRED				
Cultural Competencies	1	2	3	4
Knowledge of environmental and sociocultural aspects of addictions as they relate to First Nations.				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among First Nations families and communities.				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate First Nations culture, beliefs, values and traditions in treatment, including separate and combined Sweat Ceremonies, Coming of Age Ceremonies and all other cultural/spiritual ceremonies.				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery.				
Professional Responsibility/Integrity	1	2	3	4
The ability to know and take care of oneself (wellness plan)				
The ability to maintain a warm, compassionate, healthy and balanced relationship with clients				
The ability to be a role model with clients and peers (Code of ethics)				
Effectiveness in maintaining confidentiality of all records, materials and communications concerning the client.				
Ability to work under supervision and to cooperate with other personnel as well as function effectively with minimal supervision.				
Demonstrates genuine and authentic interest in supporting the addict in the recovery process and dedication to assist that individual to ultimately help themselves.				
Scores				
Total Maximum				44
GRAND TOTAL – SUPERVISOR EVALUATION (will be calculated by ICBOC)				

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 are 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