

INDIGENOUS CERTIFICATION BOARD OF CANADA



APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS CERTIFIED CLINICAL SUPERVISOR IN ADDICTIONS

2015

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NOTE TO APPLICANTS:

To apply for the Indigenous Clinical Supervisor Specialized in Addictions, applicants must:

- Already be certified by FNWACCB as an Indigenous Certified Addictions Specialist level III, **or if you do not yet have this FNWACCB certification at level III, you must fulfil its standards and requirements :**
- Complete and submit application packages for level III and this clinical supervisor certification

For the standards and requirements pertaining to these certifications, please consult our **certification Standards and Procedures Manual for Indigenous Addictions Specialists** and our **certification Standards and Procedures Manual - Indigenous Clinical Supervisor Specialized in Addictions**

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 Clinical Supervisor in Addictions (CICSA)**. This package contains all the forms you need to apply for certification.

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 PHOTO COPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES.

To understand the certification standards and requirements for this certification, please download the **CERTIFICATION STANDARDS AND PROCEDURES MANUAL FOR INDIGENOUS CLINICAL SUPERVISORS** from our website (www.fnwaccb.ca).

Reminder : If you are applying as a clinical supervisor and are not already certified with ICBOC as an Indigenous Certified Addictions Specialist at Level III (CIAS III), please also complete the application package for that certification, available on our website (www.fnwaccb.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 by email at admin@icboc.ca or 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 27. Please visit our website for other information and documents related to this certification (www.icboc.ca).

<input type="checkbox"/>	Personal Information Form
<input type="checkbox"/>	Assurances Form
<input type="checkbox"/>	Employment History Form
<input type="checkbox"/>	Employment Verification Form
<input type="checkbox"/>	Educational Qualifications Form
<input type="checkbox"/>	Copy of your certificates or diplomas from educational institutions
<input type="checkbox"/>	Copy of your transcripts with number of course hours for each course
<input type="checkbox"/>	Declaration concerning the verification of training
<input type="checkbox"/>	Education/training form - 8 competencies of a Clinical Supervisor
<input type="checkbox"/>	Copy of all your other training certificates
<input type="checkbox"/>	Current comprehensive Job Description
<input type="checkbox"/>	Supervisor's Evaluation Form
<input type="checkbox"/>	Supervisor's Reference
<input type="checkbox"/>	Employer's letter of Declaration regarding Applicants' criminal record Checks
<input type="checkbox"/>	Letter of personal reference
<input type="checkbox"/>	Letter of professional reference
<input type="checkbox"/>	Consent Form (Release of information)
<input type="checkbox"/>	Completed and signed Personal Wellness Plan
<input type="checkbox"/>	Dated and signed ICBOC Code of Ethics
<input type="checkbox"/>	\$200.00 cheque, or money order, payable to: The 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 27

Personal Information

Very important: Please ensure that your contact information can be clearly read to avoid errors when we contact you by mail, email or phone. An email address allows us to communicate with you easily and quickly.

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 _____

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 Addictions professional 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

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

Applicant: Please provide proof of employment in the field of addictions for at least 5 years, 2 of these years as a clinical supervisor or with responsibilities similar to those of a clinical supervisor.

If verification by more than one employer is required to meet this 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 for certification from the Indigenous Certification Board of Canada. Applicants must have employment utilizing clinical supervision knowledge and 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.

Name of employing organization _____

Address _____ Telephone _____

City _____ Province/Territory _____ Postal Code _____

Name of Employer/Supervisor (Print) _____

Professional title: _____

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 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 _____

Declaration concerning the verification of training

The ICBOC requires proof that a certification applicant has completed the education/training he/she has declared in support of his/her application for certification. The hours of training unverified by a certificate will not be taken into account. Usually, proof of training is provided by means of transcripts or certificates. However, the ICBOC recognizes that there are circumstances where an applicant cannot provide a certificate and where this **Declaration** will be accepted, provided it is completed and signed by a qualified person (employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). It can be used in the following situations:

- When an applicant has attended training offered internally, in his/her place of work (in-house training)
- When an applicant does not have a certificate, but has the information that would enable ICBOC to verify the training (name of training organization/trainer, contact information, title, date, hours of training),
- Participation in cultural/traditional activities or in Elders' teachings in the context of an applicant's work with clients is accepted as training. Up to 4 days (26 hours) can be applied towards certification or recertification, provided this Letter of Declaration is completed and signed the employer or the Elder.
- When an applicant has **delivered** training to others. The training session will be considered as self-training

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 accepted by the ICBOC and included in this certification application

Date of training	Title of the training session	Hours

Note: If you need more space, please photocopy this page. Please ensure that the section of the declaration below is completed.

DECLARATION

I, the undersigned, affirm that I am the person qualified to provide this Declaration and attest that the above-named applicant fulfills the conditions for the application of the listed training towards his/her professional certification or certification renewal. I declare that the information provided in this letter is correct and truthful.

Signature of qualified person _____

Date _____
 Year Month Day

Education/training in the 8 competencies of a clinical supervisor		Yes	No
Please submit the transcripts from the programs that you have taken, or the training certificates that show you have acquired competencies in each of the competencies stated below, for a total of 40 hours.			
Counsellor Evaluation			
Professional Development of Staff			
Supervisory Intervention and Education			
Program Development			
Management and Administration			
Ethics and Decision Making			
Direct Human Resource Management			
Documentation and Report Making			
Other education/training topics		Yes	No
<ul style="list-style-type: none"> 10 hours are required in one or a combination of topics from this suggested list of topics related to the practice of a clinical Supervisor. Please insure you provide transcripts or certificates. 			
Models of Clinical Supervision			
Team building skills			
Time Management			
Employee relations			
Assessment & Evaluation/Methods & Standards			
Clinical Supervision Professional Development issues			
Management theories			
Challenges in Clinical Supervision			
Tools for effective Clinical Supervision			
Mentoring			
Leadership			
Conflict resolution			
Performance Appraisals			
Face-to-Face Supervision			
This certification requires 200 hours of face-to-face supervision, please indicate the number of hours per week or per month you provide this type of supervision			
To whom do you provide supervision (staff positions)	No. of staff	Hrs per week	Hrs per month

Supervisor's Evaluation Form (page 12 to 16)

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 _____

Dear Supervisor,

Completion of this form represents your personal appraisal of the applicant's knowledge and skill level in the key areas of the occupation carried out by a professional Clinical Supervisor. **If you prefer, you can return the completed assessment form in a sealed envelope to the applicant.** Failure to provide your evaluation may jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

Please indicate the percentage of time the applicant spends on the following during a week of work:

Counselling: % Program management: % Staff supervision/education: %

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

1. COUNSELLOR EVALUATION	1	2	3	4
Can design and assess evaluative standards as they relate to individual counselors' roles.				
Develop & maintain evaluation methods that are concrete, objective and measurable.				
Conduct evaluations through observation, interview, questioning, performance assessments, client satisfaction questionnaires, outcome research, client record reviews and other evaluation tools & instrumentation.				
Assessment of counselor strengths & deficits, with written evaluation of areas for improvement and training needs.				
2. PROFESSIONAL DEVELOPMENT OF COUNSELLING STAFF	1	2	3	4
Models and promotes participation in professional associations, compliance with ethical standards and advancement of education, credentials & competencies.				
Developing individualized "professional" goals & objectives with the counselor (which may include career advancement, education/degree or certification advancement).				
Monitor progress towards goal attainment through supervisory interventions, education and continuing evaluation of the counseling staff.				
Scores				
Total Maximum				28

3. SUPERVISORY INTERVENTIONS AND EDUCATION	1	2	3	4
Ability to articulate the purposes of supervision to the counseling staff, clarify the goals and objectives, explain procedures and guidelines of the clinical supervision.				
Implement appropriate use of supervisory interventions in regards to; timeliness, supervisory ethics, client confidentiality and informed consent.				
Provides structured facilitation of group & individual sessions and other supervision activities.				
Ability to effectively implement structured interventions (role playing, role reversal, live observation & line supervision in therapeutic groups and video/audio taped sessions, case presentations & treatment planning reviews, facilitation of consultation with other professionals, etc...)				
Ability to implement varied methods of supervision (psychotherapeutic, behavioral, integrative, etc.)				
Implement Impromptu & Crisis Interventions such as arbitration/moderation in professional or personal disputes between the counseling staff, taking action on client grievances in accordance with state and agency policy, and giving guidance in aberrant treatment situations and crises in regards to legal, moral, and ethical responsibilities.				
Present concrete, genuine and specific feedback to counselors in regards to their conceptualization of the client needs and concerns, process of counseling services, personalization of counseling, transference & counter transference issues, ego clarification, and general performance & attitudes.				
Provide education through: in-service education to the counseling staff, coordinating trainings, and implementation of impromptu micro trainings.				
Elicit the expertise of individual counseling staff and implement peer training programs.				
Prioritizing dominant educational needs of the majority while providing specialized educational interventions to individual counselors through reading assignments or referral to outside trainings.				
Acquiring training accreditation when necessary and generating certificates and/or documentation verifying the training event and counseling staff participation.				
Utilize current research, current addiction treatment strategies, and contemporary education methods (media tools, audio/video equipment, etc.)				
Development & maintenance of an agency resource library: coordinating literary contributions, agency contributions, and acquisition of low-cost/no-cost educational & reference materials through federal & state organizations.				
4. ETHICS AND ETHICAL DECISION MAKING	1	2	3	4
Understands the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship.				
Can understand, interpret and apply confidentiality regulations appropriately.				
Effectively practices strategies to maintain one's own physical and mental health.				
Can educate other staff on the processes involved in ethical decision making?				
Scores				
Total Maximum	68			

5. PROGRAM DEVELOPMENT	1	2	3	4
Implementation of the Treatment Mission & Philosophy.				
Clarify, educate and orient the counseling staff to the Treatment Mission & Philosophy.				
Elicit expertise from the counseling staff to facilitate the ongoing developmental nature of the treatment program, mission & philosophy, proposing changes based upon current knowledge and understanding of addictions, contemporary systems of health care and societal/community needs.				
Facilitate continued development of the treatment program through: outcome research, treatment follow-up studies, client satisfaction reports, and supervision of program content, curriculum & treatment strategies.				
Conduct organizational needs assessments, develop organizational goals and objectives, monitor program progress and varied staff responsibilities.				
Develop & maintain quality assurance programming, elicit staff participation, develop standards based upon current understanding of addictions treatment and established state & federal regulations.				
6. MANAGEMENT AND ADMINISTRATION	1	2	3	4
Develop and maintain agency policy & procedure manuals.				
Disseminate up-to-date policy amendments, additions and deletions.				
Articulate policies and intent of policies during employee orientation and ongoing supervision				
Develop & maintain necessary documentation forms (client orientation materials, grievance forms, assessment tools, etc.).				
Orient the counseling staff to new or updated forms or clinical tools.				
Assist with Development & maintenance of all staff position descriptions.				
Perform and/or assure new employee orientations, verification of counselor orientation through documented orientation plan or forms.				
Develop & maintain a safe working environment, implement & educate staff on agency system protocols.				
Develop & maintain staffing resources to insure client safety & quality continuum of care.				
Implement or assist with implementation of program budget consistent with administrative allocation and regional/national norms for counselor salaries.				
7. DIRECT HUMAN RESOURCE MANAGEMENT	1	2	3	4
Has a working knowledge of federal or provincial labour laws as they apply to the agency.				
Has appreciation of their own limitation as it relates to applying labour standards and can consult legal or agency professionals as required.				
Scores				
Total Maximum	72			

8. DOCUMENTATION AND REPORT WRITING	1	2	3	4
Can prepare, organize and perform audits on HR files to ensure adherence to agency policy, accreditation standards and provincial or Federal labor law as applicable.				
Can prepare statistical and outcome reports that relate to areas of counselor development, ongoing education, or program related outcomes.				
Can accurately and consistently document routine supervision session, areas for improvement and ongoing performance management notations as applicable.				
OTHER REQUIREMENTS AND COMPETENCIES				
Oral and Written Communication	1	2	3	4
Ability to speak knowledgeably on First Nations alcohol/drug issues				
Writing skills				
Ability to give definite and clear instructions				
Ability to hear both side of an argument before passing judgment				
Has the courage and forthrightness to admit errors				
Asks for employees opinion on matters that affect their job				
Cultural Competencies	1	2	3	4
Knowledge of environmental & 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 staff, clients and peers (Code of ethics)				
Effectiveness in maintaining confidentiality of all records, materials and communications concerning the client.				
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	76			

Supervisor's Évaluation Form – Other requirements and competencies (page 12 to 16)

General traits/attitude	1	2	3	4
Has a good sense of humour and control his/her temper				
Leads rather than drives and treat employees with respect				
Use leadership skills to get things done rather than relying on position authority				
Honest about situations, praises specifically and gives credit for work done				
Encourages employees to use initiative and doesn't play favourite				
Scores				
Total Maximum				20
GRAND TOTAL (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: _____

Employers¹ 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 ICBOC Policy on Criminal Record Checks, please consult our **Certification Standards and Procedures Manual for Indigenous Clinical Supervisors in Addictions** at (www.icboc.ca).

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

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 Clinical Supervisor in Addictions

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Clinical Supervisor in Addictions 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: _____

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 Clinical Supervisor in Addictions

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Clinical Supervisor in Addictions 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 _____

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: _____

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 Form

Consent for the release of information

I, _____, of _____
Print Name of Employee Print Name of Employer/Organization

hereby authorize and consent for 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 ICBOC **should not** release your information to):

If you authorize ICBOC to release information as is needed, 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 to the Certification Board and/or it will expire on the expiration date of your ICBOC certification

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

Personal Wellness Plan

Circle of Life

All ICBOC-certified Indigenous Clinical Supervisors in Addictions professionals 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 wellbeing.

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** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** wellbeing:

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 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.

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

Website: www.icboc.ca