

INDIGENOUS CERTIFICATION BOARD OF CANADA



APPLICATION PACKAGE FOR THE CERTIFICATION OF CERTIFIED INDIGENOUS TEAM LEADERS IN ADDICTIONS SERVICES

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 Team Leader in Addictions Services. This package contains all the forms you need to apply for certification.

Once you have downloaded the application package from our website or requested a copy to be sent to you by email or by mail (there is a cost of \$10.00 for printed and mailed copies), 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 ensure that you understand the certification requirements, please request the **CERTIFICATION STANDARDS AND PROCEDURES SUMMARY FOR INDIGENOUS CERTIFIED TEAM LEADERS IN ADDICTIONS SERVICES** by email 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 email us at registrar@icboc.ca

We look forward to receiving 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 24. **Please visit our website other information and document 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)
	Copy of the certificates documenting the other trainings you have completed
	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 24

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 Team Leader in Addictions Services 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

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) _____

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 _____

Supervisor's Evaluation Form (page 11 to 14)

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 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 _____

SCORING: 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

KNOWLEDGE AND SKILLS IN THE SEVEN DOMAINS				
DOMAIN 1. ADDICTIONS KNOWLEDGE AND PRACTICE	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions.				
Knowledge of the physiological mechanisms of chemical dependencies				
Knowledge of the psychological aspects/complications of addictions				
Knowledge of the pharmacological aspects of addictions				
Knowledge of the biological, psychological and sociological factors that determine an individual's level of involvement with substances				
Knowledge of the effects of addictions on individuals, family & community				
Knowledge in the practice of screening and assessment				
Knowledge and skills in treatment planning				
Knowledge and skills in Case Management				
Knowledge of Government A&D policies/ strategies and their impact on First Nations, Inuit and Metis health programs and services				
Knowledge of the National Native Alcohol and Drug Abuse Program Renewed Framework				
Scores				
TOTAL SCORE DOMAIN 1				
Maximum Score				44

DOMAIN 2. PROGRAM MANAGEMENT	1	2	3	4
Knowledge and abilities to apply leading concepts relating to First Nations addictions and mental wellness service/program delivery				
Knowledge and abilities in strategic and operational planning				
Ability to implement service/program planning activities with staff/team				
Ability to conduct service/program reviews and makes recommendations for their development				
Ability to incorporate new services and management information to ensure quality services to clients and community				
Knowledge and abilities of the key elements and processes of continuous service/program quality improvement.				
Knowledge and abilities in following and implementing generally accepted accounting principles				
Scores				
TOTAL SCORE DOMAIN 2				
Maximum Score				28
DOMAIN 3. HUMAN RESOURCES MANAGEMENT	1	2	3	4
Ability to assess human resource needs of a team within an addictions and mental wellness service/program				
Ability to develop human resource management strategies and plans				
Knowledge and skills in the recruitment and selection of qualified employees				
Ability to supervise member of a team in order to achieve the goals and objectives of a service/program				
Ability to allocate time and financial resources needed for the professional development of the members of a team				
Knowledge and skills in performance appraisals of staff				
Knowledge of negotiations and conflict resolution				
The ability to guide and manage change, consistent with the vision and values of the program/service and organization.				
Scores				
TOTAL SCORE DOMAIN 3				
Maximum Score				32

DOMAIN 4. LEADERSHIP	1	2	3	4
Knowledge of the key leadership styles, characteristics and values				
Ability to apply the mission and priorities of the organization into regular practice.				
Ability to facilitates the establishment and practice of a common vision and outcomes within a team				
Knowledge of the competencies linked to self-awareness, self-management, social awareness and relationship management				
Awareness of the limitations of one's own knowledge and skills				
Ability to accept and incorporate new ways of respecting and understanding with regard to First Nations health practice.				
Ability to facilitate and employ a team approach within a program, service or community service organization				
Ability to collaborate with health care professionals and para-professionals to deliver effective Addictions services				
Ability to ensure that culture is an integral part of the program/service delivery				
Scores				
TOTAL SCORE DOMAIN 4				
Maximum Score				36
DOMAIN 5. COMMUNICATION	1	2	3	4
Knowledge of the nature, role and styles of communication				
Capacity to select personal and interpersonal communication methods appropriate for a variety of audiences				
Familiarity in a variety of written communication formats (correspondence, reports, policies, proposals, case notes, etc.)				
Ability to identify and resolve communication barriers in the workplace				
Ability to listen and address concerns and issues expressed by the staff, community members and other key stakeholders				
Ability to translate complex health care issues to community members in a language appropriate to the First Nation community				
Competence in the use of computers, and software applications the management and monitoring of documents and reports				
Scores				
TOTAL SCORE DOMAIN 5				
Maximum Score				28

DOMAIN 6. CULTURAL KNOWLEDGE AND PRACTICE	1	2	3	4
Knowledge of the history and of the intergenerational impact of colonization on First Nations, Inuit and Metis people in Canada				
Knowledge of indigenous perspectives and experiences in self-determination in the context of A&D program development & delivery				
Knowledge of the relations between the social determinants of health and addictions and mental health in indigenous communities				
Ability to reflect upon an organization's structures, policies and procedures, and to plan/implement culturally competent practices				
Understanding the traditional and community role of decision-making at the individual, family, and community levels				
Ability to identify and utilize community support structures (importance of Elders and knowledge keepers within communities)				
Knowledge of cultural approaches to education, professional and workforce development in the context of addictions & mental wellness				
Scores				
TOTAL SCORE DOMAIN 6				
Maximum Score				28
DOMAIN 7. PROFESSIONALISM	1	2	3	4
Ability to integrate First Nations values, beliefs, customs, traditions and practices to the development and delivery of addictions services				
Demonstrates respect to people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, sexual orientations and abilities.				
Ability to model how to function with integrity and in compliance with the established guidelines and rules of the service/program and organization				
Ability to create and maintain a safe, healthy, clean, and positive work environment				
Ability to conduct an assessment of the cultural competency of self, of the team and of the organization				
Ability to evaluate and accept one's own limitations and to refer to more competent persons when necessary				
Knowledge of the standards of conduct and code of Ethics and ability to model and have them applied in the workplace				
Ability to take care of oneself and awareness of the responsibility to manage one's stress and to balance one's personal and professional life				
Scores				
TOTAL SCORE DOMAIN 7				
Maximum Score				32
TOTAL SCORE FOR ALL DOMAINS (to be calculated by ICBOC)				

Letter of Personal Reference #1

In support of a candidate's application for professional certification as an Indigenous Team Leader in Addictions Services

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 (circle one of the items listed)

Friend Co-worker Supervisor Non-relative

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

5. Volunteer Activities _____

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

Letter of Personal Reference #1 (second page)

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

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”

Letter of Professional Reference #2

In support of a candidate's application for professional certification as an Indigenous Team Leader in Addictions Services

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)

Employer Co-worker Supervisor Non-relative

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Community Standing _____

3. Family Relationships _____

4. Non-Alcohol/Drug Related Activities _____

5. Volunteer Activities _____

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

Letter of Professional Reference #2 (second page)

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

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 #2)

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”

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 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

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 that 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: _____

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 **Indigenous Certified Wellness/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 well being.

Examples:

a. Strengths

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

b. Spiritual

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

c. Emotional

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

d. Physical

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

e. Mental/Social/Cultural

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

My Personal Wellness Plan

My name: _____ Date: _____ Signature: _____

A. My **Strengths**: _____

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

B For my **Spiritual** well being:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

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

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

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

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

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

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC Code of Ethics

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional 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

Fax: 604-874-7425

Toll free: 1-877-974-7425

Email: registrar@icboc.ca

Website: www.icboc.ca