

INDIGENOUS CERTIFICATION BOARD OF CANADA

APPLICATION FOR A CERTIFICATION TRANSFER

For applicants who wish to obtain an ICBOC certification through the recognition of their credential with another certification body

| Applicant's Full Name | e | | | | | | | | |
|---|-----------------|-------------|-----------------------|-----------|---|-----|--|--|--|
| Current Position | | | | | | | | | |
| Address | | | | | | | | | |
| Home Phone | | Cell | | Email | | | | | |
| Current Employer | | | | | | | | | |
| Work Address | | | | | | | | | |
| Work phone | | | Work Email | | | | | | |
| To apply and obtain a certification transfer, you must have been employed in an indigenous work setting at minimum for the last 12 months Please use this form to apply for the a first certification with ICBOC through ICBOC's certification transfer process This completed form must be accompanied by a copy of the certificate verifying your professional certification with the other professional certification body. This certificate must be still be valid Name of the Board with whom you hold your current Certification | | | | | | | | | |
| Reason for applying for a certification transfer with ICBOC (Check box) Obtained a position with an Indigenous organization/employer | | | | | | | | | |
| Wish to increase my e | employment/c | areer opp | ortunities | | | | | | |
| Wish to validate my c | | tencies | | | | | | | |
| If other, please explain below | | | | | | | | | |
| | | | | | | | | | |
| Certification title and | level | | Certificate n | umber | | | | | |
| Date of issue | | | Expiry date | | | | | | |
| | | | EQUIVALENCE | | | | | | |
| 0 | • | | | | applicant has never been en be required to obtain an | • • | | | |
| certification at the sar | me level as the | e one helc | by the applicant. | | | | | | |
| RECERTIFICATION FEE | | | | | | | | | |
| PLEASE ENSURE THAT YOU HAVE ENCLOSED the \$200 recertification fee with all your documents. Review of the recertification application will only proceed once all the documents and the fee have been received. Please make your cheque or money order payable to ICBOC | | | | | | | | | |
| SENDING YOUR RECERTIFICATION APPLICATION | | | | | | | | | |
| Please send this appli | cation form, p | roof of tra | aining, and recertifi | cation fe | e to: | | | | |
| Registrar Indigenous Certification Board of Canada #207-2735 East Hastings Street Vancouver, BC V5K 1Z8 | | | | | | | | | |

Letter of Declaration Verifying an Applicant's 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. Please note that a maximum of 26 hours spent in such activities will be accepted.
- 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 | | | | | | | | | |
| 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 | | | | | | | | | |
| Date of training | ning Title of the training session | | | | | | | | |
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| 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. | | | | | | | | | |
| | | DECL | ARATION | | | | | | |
| 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 | | | | | | | | | |