

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION FOR THE RECERTIFICATION OF APPLICANTS
WHO OBTAINED THEIR CERTIFICATION THROUGH ICBOC
CERTIFICATION EQUIVALENCE PROCESS**

2017

Contents and checklist for the application for the recertification of transferred applicants

Please use this list below to check that you have included all the forms in this application. Do not forget to include the recertification fee with your application package

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	Proof of 40 hours of new training (certificates, employer's declaration, transcripts etc...)	
	\$200.00 Recertification Fee – payment to be made to ICBOC	

Completing this Application Package

Congratulations on taking this step to renew your certification with ICBOC. This package contains all the forms you need to apply for your recertification.

PLEASE KEEP A PHOTO COPY OF THE COMPLETED APPLICATION FOR YOUR FILES.

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 for recertification (\$200.00 payable to Indigenous Certification Board of Canada) has been received.

If you wish to obtain a certification upgrade, you will need to complete the application package corresponding to the certification and the level they are applying for.

IMPORTANT: If you change address or phone during the two years leading to your certification renewal, **please do not forget to send us your new contact information.**

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 admin@icboc.ca is our email.

We look forward to receiving your application package and to assisting you in any way that we can.

The Board and Staff of ICBOC

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 _____

CURRENT POSITION _____

FIRST NATION AFFILIATION/ORGANIZATION _____

Please check your preferred contact location:

___ HOME

___ OFFICE

Supervisor's Evaluation Form

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 Supervisor,

Completion of this form represents your personal appraisal of the applicant's knowledge and skill level in the key areas that we have identified as critical for someone who is a professional Indigenous Addictions Specialist. The applicant has waived his/her right to inspect this evaluation and/or any other communication between you and the First Nations Wellness/Addictions Counsellor Certification Board. **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: % Case management: %

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

Education/Training on Addictions-Specific Topics (Core Knowledge)	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions.				
Knowledge of the effects of alcohol on the human body				
Knowledge of the relationship between blood alcohol level and behaviour				
Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse.				
Knowledge of the physiological mechanisms of chemical dependencies, abuse				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of patterns of progression/regression, recovery				
Knowledge of the biological, psychological and sociological factors that determine an individual's level of involvement with substances				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge of characteristics of family dysfunctions				
Knowledge of human growth and development.				
Knowledge of the consequences of maladaptive behaviour on this process				
Knowledge of processes of recovery, including western 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				
Scores				
Total				

Supervisor's Evaluation Form

NAME OF APPLICANT: _____

Please provide your own assessment of the applicant's level of knowledge in these addiction-related topics

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 and their effects				
Selfcare				
General skills/Knowledge	1	2	3	4
Oral and Written Communication				
Communicates effectively with clients, peers, resources				
Is able to speak knowledgeably on First Nations alcohol/drug issues				
Writes accurate reports/plans 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 Management (resolution/mediation)				
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				
Additional Qualifications For Level II & III				
Knowledge of counselling philosophies & theories related to First Nations healing practices				
Ability to coordinate, manage, facilitate continuance of treatment modalities				
Ability to assess the effectiveness of various treatment and program modalities				
Scores				
Total				

Supervisor's Evaluation Form - Knowledge and Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

Screening	1	2	3	4
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	1	2	3	4
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	1	2	3	4
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	1	2	3	4
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc...				
Treatment Planning	1	2	3	4
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				
Points				
Total				

Supervisor's Evaluation Form - Knowledge and Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

	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)	1	2	3	4
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, AI-Anon, Codependency Anonymous, Adult Children of Alcoholics, AI-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	1	2	3	4
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				
Points				
Total				

Supervisor's Evaluation Form - Knowledge and Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

	1	2	3	4
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				
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				
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				
Points				
Total				

Supervisor's Evaluation Form - Other competencies required

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

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 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.				
Points				
Total				
Grand total				

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"

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 Specialists.
- 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.
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.
- 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 AND OBTAIN MORE INFORMATION

Please send all the required documents, including payment of the fees* to the following address :

Registrar, ICBOC
#207 – 2735 East Hastings Street
Vancouver, BC
V5K 1Z8

***Please ensure that cheques or money orders are made to Indigenous Certification Board of Canada**

If you have questions, need more information or want to submit your application, please contact ICBOC's registrar or office administrator:

Telephone: 604-874-7425

Fax: 604-874-7426

Toll free: 1-877-974-7425

Email: registrar@icboc.ca or admin@icboc.ca