

INDIGENOUS CERTIFICATION BOARD OF CANADA



CERTIFICATION APPLICATION PACKAGE

CERTIFIED INDIGENOUS ADDICTIONS SPECIALISTS

Responsible Gambling Specialization

2019

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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 Addictions Specialist with a specialization in Responsible Gambling (CIAS IV-RG). This package contains all the forms you need to apply for certification.

Now that you have downloaded this 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 the entire package, including the \$250 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

IMPORTANT

Complete details on Level IV are available in the **Certification Standards and Procedures Manual - level IV indigenous specialists (mental Health, wellness and addiction fields)** on each level IV page at www.icboc.ca

If you are already certified with ICBOC as a Certified Indigenous Addictions Specialist at level III, ICBOC will review your entire file and any training you have already acquired on the required topics related to addictions (including gambling addiction), mental health and wellness will be taken in consideration.

If you are not already certified with ICBOC as a Certified Indigenous Addictions Specialist at level III, you must first complete the application package for that certification, available on our website.

In certain circumstances, for example if you are an ICBOC-registered and approved trainer or an instructor in a college or university delivering education/training on gambling addiction, your level IV application will be verified to ensure you do meet the standards and requirements for the CIAS III certification. If you not meet these standards and requirements, you will be contacted.

Some of the forms in each application package are the same. **Whether you are already certified with ICBOC or not, please contact the ICBOC Registrar to obtain the list of the forms you will not need to replicate.**

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 information printed on the front:

Name of applicant

Supervisor Evaluation or 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.

Reminder: 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 via email at admin@icboc.ca or registrar@icboc.ca

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

The Board and Staff of ICBOC

Check List

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 24. Please visit our website for other information and documents related to this certification (www.icboc.ca).

	Personal Information Form
	Assurances Form
	Employment History Form
	Verification of Work Experience Form – Employment and/or Volunteering
	Educational Qualifications Form (only if you have gained new qualifications since your level III certification)
	Copy of Transcripts/College or University Certificates (if not already submitted with level III certification)
	Copy of all your Training Certificates
	Declaration concerning verification of training
	Copy of your Research or your position paper OR
	Copy of your workshop or your Training Course
	Copy of the required participants' evaluation if the document is a workshop or a course
	Letter of Declaration regarding genuine authorship
	Copy of your case study/intervention narrative
	Supervisor's Evaluation Form
	Supervisor's Reference
	Personal Reference
	Witness Letter of Reference – Workshop or course
	Employer's letter of Declaration regarding Applicants' criminal record Checks
	Current comprehensive Job Description
	Completed and signed Personal Wellness Plan
	Dated and signed ICBOC Code of Ethics
	\$250.00 cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC

All of the required forms and documents must be received by ICBOC as **one complete package**.
Photocopies of certificates are accepted. Please keep the originals in your personal files.

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

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 _____

I am already certified with ICBOC as an Indigenous Specialist at level III		Yes		No	
Certificate No.		Expiry date of your ICBOC last certification			
This is my first certification application with ICBOC and I am submitting the application for level III in addition to this application *		Yes		No	
I am an ICBOC-registered trainer offering training on problem gambling		Yes		No	
I am Instructor in an academic institution on gambling addiction		Yes		No	
If so, please indicate on page 7					

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 a certified Indigenous addictions specialist 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 _____

VERIFICATION OF WORK EXPERIENCE – EMPLOYMENT AND/OR VOLUNTEERING

Dear Applicant: Photocopy this form to give to your employer so he/she can complete it. If you have done some volunteer work **with clients affected with a gambling addiction**, give it also to the person or persons who supervised you as a volunteer.

Dear employer/supervisor of permanent employee or volunteer

You are requested to verify the work experience 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 as a Certified Indigenous Specialist with a specialization in Responsible Gambling (CIAS-RG).

Applicants for this certification must have employment utilizing knowledge and skills in gambling addiction. 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.

This applicant must have completed a minimum of 350 hours (equivalent to 10 weeks) of direct work with clients with a gambling addiction and their families (either as part of an applicant's current work responsibilities or through volunteer work)

Please indicate whether this applicant has completed **350 hours of direct work** with clients affected with a gambling addiction and their families in the context of his/her current work responsibilities or through volunteer work (*please check appropriate box*)

Current employment ☐ Volunteer work ☐ Number of hours as a volunteer _____

Name of organization _____

Address _____ Telephone _____

City Province/Territory Postal code

Name of Employer/Supervisor (print) _____

Applicant Job/volunteer title _____

Employed/volunteered from _____ month/day/year To _____ month/day/year

Major Duties _____

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.

Note: If you are already certified as an Indigenous specialist at level III, fill this form only if you have acquired new qualifications since you obtained your level III certification.

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

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). Use **ONE** form per situation and signatory- Do not document multiple situational learnings on one form.

Acceptable situations:

- **Participation in cultural, traditional activities, ceremonies in the context of your healing work with clients.**
A maximum of 26 hours spent in such activities will be accepted. In the case of your certification renewal, this could represent over half of the 40 hours required.
- **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.

Please ensure that the person who must complete and sign this form uses his/her own form to document the hours he/she vouches you completed. Each form should bear the name and signature of the qualified person who can vouch for the hours you accumulated in **one of the acceptable training situation** listed. Forms documenting hours acquired in more than one acceptable format or not completed and signed by the qualified person will not be considered.

Date of this declaration		Applicant's name	
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job Title of the person signing this declaration			
Telephone		Email	
List of Training provided in-house and attended by this applicant			
Date of training	Title of the training session		Hours
Note: If you need more space to list the training that the applicant has attended/completed, please photocopy this page. Please ensure that this section of the declaration is completed.			
DECLARATION			
I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.			
Signature of qualified person _____			
Date _____ Year Month Day			

Applicant's Declaration of Authorship

Applicants are required to submit **two** documents to support their expertise in the specialization subject. This can be a research paper **or** a position paper **or** a workshop **or** a course, **as well as** a case study/intervention narrative.

ICBOC expect personal and professional integrity. Applicant must provide assurances, through this Declaration of Authorship that the research and authorship of the entire documents submitted to ICBOC are genuine and contains no plagiarism. ICBOC defines plagiarism as passing off the work of others as one's own.

DECLARATION OF AUTHORSHIP

Name of applicant _____

This Declaration of Authorship covers the following documents (*please check appropriate boxes*)

Research paper ☐ Position paper ☐ Workshop ☐ Course ☐

Case Study / Intervention narrative ☐

Title of document one _____

Title of document two _____

I, _____ certify that the above titled document is all my own work and contains no plagiarism. I agree to the following requirements:

Any text, diagram or other material copied from other sources, (including, but not limited to, material such as books, journals, scholarly articles, manuals, guides whether published in printed form or posted on the internet) have been clearly acknowledged and referenced as such in the text by the use of "quotation marks" (or in *italics for longer quotations*), followed by the author's name and date documented either in the text or in a footnote/endnote. These details must then be confirmed by a fuller reference in the form of a bibliography.

I understand that only documents which are my genuine work and which are free of plagiarism will be accepted, that failure to do so will result in the cancellation of the entire application.

Signature of applicant _____

Supervisor's Evaluation Form (page 12 to 15)

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 complete the evaluation**.

NAME OF APPLICANT _____

Dear employer/supervisor:

You are requested to verify the knowledge and skills of the applicant whose name appears above and who is applying for certification as a **Certified Indigenous Addictions Specialist at Level IV – Specialization in Responsible Gambling** from the Indigenous Certification Board of Canada. **Please return the completed and signed form to the applicant, or, 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: _____ (must be at least six months)

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

Counselling: % **Case management:** %

Please place a cross (x) in the box that most accurately reflects the applicant's knowledge, skill or competency for each of the statements

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

CORE KNOWLEDGE				
1. Addictions specific knowledge	1	2	3	4
Knowledge of the physiological effects of alcohol and drug addiction on the human body				
Knowledge of the psychological effects of alcohol and drug addictions				
Techniques and tool for the screening, assessment and diagnosis of addictions				
Familiarity with Honouring Our Strengths: A Renewed Framework to Address Substance Use Issues Among Indigenous People in Canada				
Knowledge of Indigenous and non indigenous perspectives, concepts and approaches related to healing and recovery from addictions				
2. Mental health specific knowledge	1	2	3	4
Knowledge of the DSM-5 categories of mental disorders, description/description				
Knowledge of the prevalence, and systemic issues related to mental health				
Knowledge of the techniques and tools for the screening, assessment and diagnosis of problem gambling				
Knowledge of Indigenous mental health and wellness concepts and approaches				
Knowledge of the impact of mental health disorders on the individual, family community and society				
SCORES				
TOTAL THIS PAGE				

1. General knowledge in problem gambling	1	2	3	4
Knowledge of key concepts of how gambling works				
Knowledge of gambling facts, myths and beliefs				
Ability to differentiate between responsible gambling and problem gambling				
Knowledge of gambling trends and their impacts on communities				
Knowledge of problem gambling causes & risk factors				
Ability to utilize various counseling strategies and develop treatment plans based on the patient's stage of problem gambling or recovery				
Knowledge of culture-specific intervention and counseling techniques for problem gambling				
2. Specific knowledge in problem gambling	1	2	3	4
Knowledge of problem gambling screening and assessment tools screening tools				
Knowledge of the signs & Symptom of problem gambling				
Knowledge of the models and theories of problem gambling				
Knowledge of problem gambling diagnosis & treatment				
Ability to recognizing the potential for problem gambling disorder to coexist with psychological disorders				
Knowledge of the importance of family, social networks and community systems in the treatment and recovery process				
Knowledge of the medical and pharmaceutical resources in the treatment of problem gambling				
Understands the importance to engage in problem gambling prevention as well as treatment techniques				
3. Problem gambling in specific settings and population	1	2	3	4
Knowledge of key issues and concerns in working with specific clients with problem gambling				
Youth				
Women				
Seniors				
Knowledge of screening, assessment and treatment adapted to the need of problem gambling clients				
Youth				
Women				
Seniors				
Knowledge of specific cultural approaches in the healing and recovery of specific clients with problem gambling				
Youth				
Women				
Seniors				
4. Cultural approaches to mental wellness and self care	1	2	3	4
Knowledge of the Indigenous Mental Wellness Continuum (FNMWC)				
Ability to develop and implement a self-care plan				
Ability recognize own professional limits and seek advice and support to maintain own wellness				
Ability to balance personal and professional life				
Knowledge of different techniques to enhance clients mental wellness and well being				
SCORES				
TOTAL THIS PAGE				

COMPETENCIES RELATED TO PROBLEM GAMBLING				
1. Communication	1	2	3	4
Knowledge of cultural differences in verbal and nonverbal communication with clients with a gambling problem and their family				
Ability to apply culturally and linguistically responsive communication styles and practices with clients with a gambling problem and their family				
Ability to write reports and clients' records				
Knowledge of how age, developmental level, culture, and gender affect communication when dealing with clients with a gambling problem, their children and their family				
2. Screening and assessment	1	2	3	4
Recognizes the importance of cultural awareness and safety in early identification and intervention services				
Uses culturally-safe screening, assessment and referral tools adapted to the needs of clients with a gambling problem				
Increases capacity within the community to know how to best respond in a culturally-competent manner when assessing clients with a gambling problem				
Promotes a shift toward screening and assessment tools that focus on client strengths, cultural identity, with a strong focus on youth engagement and resilience				
Implements culturally-safe assessment tools and placement criteria, to address gaps in clients' cultural-supports requirements				
Educates workers both mainstream and within NNADAP/NYSAP on culturally appropriate screening, assessment and brief intervention tools for clients with a gambling problem				
Coordinates cross-cultural training of community and mainstream workers on screening questions endorsed for Indigenous clients				
Promotes culturally competent screening and assessment for clients with a gambling problem				
3. Treatment Planning	1	2	3	4
Ability to guide clients' goal setting using client and family-focused discussions, motivational interviewing, or workbooks that reflect Indigenous values				
Ability to develop a treatment plan for clients with a gambling problem based on screening and assessment findings				
Ability to ensure that activities and resources reflect clients' needs, strengths and goals				
Ability to monitor, evaluate and plan for discharge				
Ability to update treatment plans so they reflect clients' evolving needs and goals				
4. Counselling	1	2	3	4
Ability to establish a genuine therapeutic relationship with clients with a gambling problem				
Knowledge of a comprehensive range of counseling styles, techniques and methodologies that are culturally sensitive and responsive				
Ability to carefully tailor these counseling styles, techniques and methodologies to the needs and situation of clients with a gambling problem				
Ability to appropriately make available the use of cultural practices to facilitate counseling				
Knowledge of and ability to locate and develop basic informational support systems (materials, consultation resources etc...) for clients with a gambling problem				
SCORES				
TOTAL THIS PAGE				

5. Case management	1	2	3	4
Ability to support clients from pre-treatment to aftercare with community-centered, case management approaches involving multi-disciplinary teams				
Ability to share client information among service providers with sensitivity to privacy issue.				
Ability to collaborate with Elders and/or cultural practitioners for services and case consultation				
Ability to use a range of culturally-based case management approaches that target unique clients' (and their family's) needs and challenges				
Ability to collaborate across jurisdictions and systems to insure the support of clients and their family				
6. Information and referral	1	2	3	4
Knowledge of various resources and referrals for problem gambling				
Understanding of the value of an interdisciplinary approach to problem gambling treatment counseling				
Understanding of the variety of treatment options and placement criteria				
Ability to coordinates community efforts to ensure that referrals to specialized services respect the cultural practices of clients with a gambling problem				
Ability to promote cultural awareness and safety when collaborating with service providers				
Ability to provide information sharing services that are grounded in culturally safe practices				
Ability to respond to complex client needs using cultural-based supports and appropriate referral networks				
Ability to exchange information among health sectors to familiarize service providers with the range of cultural services available				
7. Cultural approaches to treatment and recovery	1	2	3	4
Knowledge of Indigenous environmental & sociocultural aspects of responsible gambling/problem gambling				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among Indigenous families and communities				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values and traditions in treatment				
The ability to support and assist client participation in traditional and cultural aspects of recovery				
8. Professional 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 THIS PAGE				

SUPERVISOR'S REFERENCE - please comment on the following

Moral Character _____

Professionalism _____

Community Standing _____

Volunteer Activities _____

Commitment to helping people affected with problem gambling _____

Other Remarks _____

Name of Supervisor (please print): _____

ADDRESS _____

Street

City

Province

Postal code

TELEPHONE (____) _____

Signature: _____

Date: _____

Personal Letter of Reference

In support of an application for certification as an Indigenous Addictions Specialist at Level IV with a specialization in RESPONSIBLE GAMBLING (RG)

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a **Certified Indigenous Addictions Specialist at level IV, with a specialization in Responsible Gambling (RG)** 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. Volunteer Activities _____

Personal Letter of Reference (second page)

5. Commitment to helping people affected with problem gambling _____

6. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

GLOSSARY OF TERMS (personal 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 people affected with problem gambling

State evidence that the applicant considers his/her involvement in the field as more than a "job"

Witness - Letter of reference

Name of applicant _____

The above-named individual has applied for certification as an **Certified Indigenous Addictions Specialist at level IV with a specialization in Responsible Gambling (RG)** with the Indigenous Certification Board of Canada.

As part of this certification application, the above-named applicant must research, develop and deliver a one-day (7 hours) workshop or a course to a live audience (minimum of 8 participants), supported by a reference letter from the person who arranged for the workshop or the course to be delivered and attended it (supervisor, conference organizer, school principal etc...).

By completing the form below, you will provide the reference needed by this applicant.

Your name _____

Professional title _____

Length of time you have known the applicant: _____

Relationship to the applicant _____

You attended and are providing feedback on: *(please check the appropriate box)*

The workshop the applicant has delivered ☐

The course the applicant has delivered ☐

1. How many participants in total attended the workshop/course?

Please rate the following (check the box corresponding to your answer) 1= poor 2= adequate 3= good and 4= excellent	1	2	3	4
Clarity of the structure and content				
Relevance of the content in terms of the participants professional needs				
Matching between content and stated learning objectives				
Number and variety of interactive activities				
Quality of material resources provided to the participants				
Overall quality of the candidate's performance				
Any other comments you wish to share about this training or the candidate				

Signature _____ Date _____

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** at www.ICBOC.ca).

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: _____

Personal Wellness Plan

Circle of Life

All **Certified Indigenous Addictions Specialists at Level IV with a specialization in Responsible Gambling (RG)** 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 beingcod

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.
- 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)

NEED MORE INFORMATION?

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 \$250.00 certification fee to the following address.

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

Telephone: 604-874-7425

Fax: 604-874-7426

Toll free: 1-877-974-7425

Email: registrar@ICBOC.ca

Website: www.ICBOC.ca