

INDIGENOUS CERTIFICATION BOARD OF CANADA



APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS WELLNESS AND ADDICTIONS WORKERS

2019

**Contents of the application package
for the certification of wellness and addictions workers**

FORMS	PAGE
Instructions for completing this application package	3
Check list	4
Personal information form	5
Assurances form	6
Employment history form	7
Employment verification form	8
Educational qualifications form	9
Declaration form - alternative learning/training	10
Supervisor's evaluation form <i>(pages 11 to 16)</i>	11
Supervisor's reference	17
Employers' declaration - applicants' criminal record checks	18
Letter of reference # 1 - Personal <i>(Using the form provided, obtain one letter of <u>personal</u> reference from an individual who has known you (not a relative) for at least three years).</i>	19
Letter of reference # 2 - Professional <i>(Using the forms, obtain one letter of <u>professional</u> reference from an individual who has known you professionally for at least six months).</i>	21
Consent form <i>(Release of information)</i>	23
Wellness plan to complete and sign <i>(Keep a copy for yourself)</i>	24
ICBOC's code of ethics to date and sign	26
Where to submit your application	27

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 Wellness and Addictions Worker (CIWAW)**. This application package contains all of the forms you will need to submit for the review of your application.

Now that you have downloaded the application package, you are responsible for:

1. completing your sections and gathering all the required supporting documents
 2. ensuring that your references, supervisor, employers complete their parts
 3. sending everything, including the application fee that fits your situation* to the ICBOC office.
- There is a check list on page 4 to help you. All the material must arrive in our office in one envelope.

***For more information on applicable fees, please consult ICBOC's website at <http://icboc.ca/certification/list-of-certifications/list-of-fees/>**

PLEASE KEEP A PHOTOCOPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES.

To understand the certification standards and requirements for this certification, please request the **Certification Standards and Procedures Summaries for Certified Indigenous Wellness and Addictions Workers** by email or fax or download it from our website at www.icboc.ca.

If your supervisor and your referees wish to keep their references confidential (including the supervisor's evaluation), please provide them with an envelope (none are included in the application package) with the following information printed on the front.

Example: for a letter of reference the information on the outside of the envelope should bear the following information: Letter of Reference for (write your first and last name)

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, including** 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: You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any future change of address.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free at 1-877-974-7425 by email at admin@icboc.ca or registrar@icboc.ca

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

The Board and Staff of ICBOC

Check list

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 27. Please visit our website for other information and documents related to this certification (www.icboc.ca).

<input type="checkbox"/>	Personal information form
<input type="checkbox"/>	Assurances form
<input type="checkbox"/>	Employment history form
<input type="checkbox"/>	Employment verification form
<input type="checkbox"/>	Educational qualifications form
<input type="checkbox"/>	Declaration form - alternative learning/training
<input type="checkbox"/>	Copy of your certificates or diplomas from educational institutions
<input type="checkbox"/>	Copy of your transcripts with number of hours per course (+ description if possible)
<input type="checkbox"/>	Photocopy of the certificates documenting any other trainings you have completed (contact ICBOC to verify what will constitute proof of training other than certificates)
<input type="checkbox"/>	Practicum/internship report (if applicable)
<input type="checkbox"/>	Current comprehensive job description
<input type="checkbox"/>	Supervisor's evaluation form
<input type="checkbox"/>	Letter of reference #1 - personal reference
<input type="checkbox"/>	Letter of reference #2 - professional reference
<input type="checkbox"/>	Employers' declaration - applicants' criminal record checks
<input type="checkbox"/>	Consent form (<i>Release of information</i>)
<input type="checkbox"/>	Completed and signed personal wellness plan
<input type="checkbox"/>	Dated and signed code of ethics
<input type="checkbox"/>	Payment of the certification fee*, in the form of a Cheque or Money Order, payable to the Indigenous Certification Board of Canada or ICBOC

* For more information on applicable fees, please consult ICBOC's website at
<http://icboc.ca/certification/list-of-certifications/list-of-fees/>

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, or Toll Free 1-877-974-7425 or by email at registrar@icboc.ca or admin@icboc.ca

The address to submit your application is provided on page 27

Personal information

Very important: Please ensure that your address and other 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 _____
Work email

CURRENT POSITION _____

FIRST NATION AFFILIATION/ORGANIZATION _____

Please check your preferred contact location

HOME ☐ OFFICE ☐

Assurances form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Wellness and Addictions Worker 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: _____

Employment history

Applicant: 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
To be completed by employer or supervisor

Applicant: If verification by more than one employer is required to meet the Certified Indigenous Wellness and Addictions Worker work experience standard, please photocopy this form and have it completed by these other employers.

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Wellness and Addictions Worker. Applicants must have employment utilizing counselling knowledge and skills in wellness/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.

Name of employing organization _____

Address _____ Telephone _____

City _____ Province/Territory _____ Postal Code _____

Name of employer/supervisor (Print) _____

Title of employer/supervisor: _____

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 employer/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 _____

ICBOC - Declaration form - applicant's alternative learning/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. We encourage employers and supervisor to encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

IMPORTANT: Please read, use and complete this form carefully, as instructed. **Failure to do so will annul the forms.**

- **Do not use this form for any training provided by external trainers/facilitators.** If you attended in-house training, provided by external facilitators, please request certificates, and submit them with your application
- Use **ONE** form for each type of situation and signatory – photocopy the form as needed
- The total hours in **ALL** the forms submitted must **not exceed 26 hours**.

Please use this form to only document the hours of **training acquired via the three (3) alternative ways** listed below. **Ensure 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). **A maximum of 26 hours for all the learning acquired in one or all listed situations will be accepted.** In the case of your certification renewal, this could represent over half of the 40 hours required:

Situation 1. Participation in cultural/traditional activities **in the context of your healing work with clients.**

Situation 2. Cultural teachings or advice you received **from an Elder at your place of employment, during the course of your work schedule.**

Situation 3. Training you have yourself delivered in-house 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 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(s) 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 the declaration section below 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.			
Name of qualified person _____			
Signature of qualified person _____			
Date _____ <div style="display: flex; justify-content: space-around; font-size: small;"> Year Month Day </div>		Telephone # _____	

Supervisor's evaluation form (page 11 to 16)

Note to applicant: If the person you are asking to complete this form **has not been your supervisor for at least six (6) months**, please copy this form and request that your former supervisor also provide their comments.

NAME OF APPLICANT: _____
To be filled in by applicant

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears above and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Wellness and Addictions Worker. Applicants must have employment utilizing counselling knowledge and skills in wellness/addictions. **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: _____

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

Counselling % Case management % Treatment Planning % Referral %

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 and wellness (Core Knowledge)	1	2	3	4
Knowledge of various forms of addictions (substance, solvents, process addictions)				
Knowledge of the physiological mechanisms of chemical dependencies				
Knowledge of the biological, psychological and sociological factors that determine an individual's level of involvement with substances or gambling				
Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of human growth and development				
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				
Understands the importance of balancing professional and personal lives				
Knowledge of Indigenous approaches to mental wellness				
Scores				
Total score wellness-addiction topics				
Maximum score				48

Knowledge in addiction-related topics		1	2	3	4
HIV/AIDS					
FASD					
Suicide					
Grief and loss					
Prescription drugs					
Process addictions					
Scores					
Total score addiction-related topics					
Maximum score					24
General knowledge and skills		1	2	3	4
Communication					
Active Listening	Capacity to support others to express themselves				
	Capacity to fully concentrate on what is being said				
Verbal communication	Ability to provide, solicit and receive feedback respectfully				
	Ability to convey ideas and facts orally using language that clients and others can best understand				
	Ability to speak to clients in their Indigenous language				
Non verbal communication	Is aware of non verbal means of communication				
	Capacity to use non-verbal skills to create a supportive environment for clients				
Reading	Grasps meaning of information & applies it to work situation				
Written Communication	Ability to write accurate reports with relevant information				
	Ability to write correspondence in a professional manner				
Group facilitation					
Understands the principles and methods of group facilitation					
Capacity to match facilitation strategies to needs of groups					
Direct experience in group facilitation					
Interviewing Skills					
Understands 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					
Scores					
Total score – General knowledge and skills					
Total Maximum					88

Knowledge and skills in the 12 core functions	1	2	3	4
Screening				
Knowledge and understanding of the role of screening				
Knowledge of methods/approaches to screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms, potential for self-inflicted harm or suicide				
Ability to determine client's readiness for treatment				
Capacity to interpret the results of screening				
Intake				
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				
Assessment				
Knowledge of the role of assessment as a component of a client-centered plan				
Knowledge of the assessment methods, tasks and instruments				
Ability to interpret assessment results				
Client Orientation				
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc...				
Treatment Planning				
Understand the value of an interdisciplinary approach to addiction treatment				
Knowledge of treatment approaches and long range rehabilitation processes				
Capacity to translate assessment information into treatment plans with clear goals and outcomes				
Ability to consider the readiness of the client and significant others to participate in treatment				
Ability to involve clients in planning their individual 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				
Ability to understand various treatment processes, their strengths and limitations				
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				
Scores				
Total score this page				
Total Maximum			76	

Knowledge and skills in the 12 core functions	1	2	3	4
Client Education				
Ability to educate individuals & groups on the effects of alcohol misuse and abuse				
Ability to explain the risks and implications related to psychoactive substance use				
Knowledge of available prevention, treatment services and recovery resources				
Counselling (Individual, group and family/significant others)				
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: AA, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, etc... and recognition of 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 limitations				
Skills and effectiveness in individual counselling				
Skills and effectiveness in group counselling				
Skill and effectiveness in counselling with spouse and family				
Case Management				
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				
Scores				
Total score this page				
Total Maximum				80

Knowledge and skills in the 12 core functions	1	2	3	4
Referral				
Knowledge of and access to community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to match clients and most appropriate available services (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				
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				
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 to assist in the management of the crisis				
Reports and Record Keeping				
Knowledge of internal protocols for 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				
Teamwork				
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				
Scores				
Total score this page				
Total Maximum			76	
TOTAL 12 CORE FUNCTIONS (will be calculated by ICBOC)				

Cultural competencies	1	2	3	4
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous families and communities				
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, traditions, and cultural/spiritual ceremonies				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery				
Understanding of the intergenerational impact of colonization and oppression				
Uses his/her indigenous language in the services provided to clients				
Professional Integrity	1	2	3	4
Ability to create and implement a wellness plan				
Maintains a warm, compassionate, healthy and balanced relationship with clients				
Ability to be exemplary, courteous, tactful in all situations and interactions				
Ability to be a role model with clients and peers				
Maintains confidentiality of all records, materials and communications concerning clients				
Communicates truthfully, avoids misleading or unreasonable expectations in others				
Demonstrates genuine and authentic interest in supporting and supporting addicts in ultimately helping themselves				
Knows the values/teachings guiding personal and profession conduct in relationships				
Respect of the ethical conduct guidelines, policies, and regulations at the place of work				
Knowledge of the legal rights of clients				
Demonstrates commitment to develop and maintain professional competence				
Treats all clients with respect irrespective of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any other basis				
Scores				
Total score this page				
Total Maximum				76
GRAND TOTAL (will be calculated by ICBOC)				

Supervisor's reference

Please comment on the following

Moral Character _____

Professionalism _____

Community Standing _____

Non-Alcohol/Drug Related Activities _____

Personal history of alcohol or other substance mis-use _____

Commitment to helping alcohol/drug mis-users _____

Name of Supervisor (please print): _____

ADDRESS _____

Street

City

TELEPHONE (____) _____

Province

Postal code

Signature: _____

Date: _____

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”

Employers¹ declaration - applicants criminal record checks

The Indigenous Certification Board of Canada 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 the ICBOC’s 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

Personal letter of reference #1

In support of an application for certification as a Certified Indigenous Wellness/Addictions Worker

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 prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

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

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

Personal letter of reference #1 (second page)

7. Volunteer Activities _____

8. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

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 – Reference letter #1

Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

Commitment to helping alcohol/drug mis-users

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

Professional letter of reference #2

In support of an application for certification as a Certified Indigenous Wellness/Addictions Worker

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. **You must have known the applicant professionally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

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

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

Professional letter of reference #2 (second page)

7. Volunteer Activities _____

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 – Reference letter #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”

Consent form

Consent for the release of information

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

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

If you authorize the ICBOC to release information, 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 addressed 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.

Circle of Life

All **Certified Indigenous Wellness/Addictions Workers** 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** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** wellbeing,

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional Indigenous 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 certification fee* to the following address. Cheques and money orders 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

* For more information on applicable fees, please consult ICBOC's website at
<http://icboc.ca/certification/list-of-certifications/list-of-fees/>