



INDIGENOUS CERTIFICATION BOARD OF CANADA

RECERTIFICATION APPLICATION Certification renewal required every 2 years

Applicant's Full Name			
Current Position			Are you a NNADAP worker?
Home Address			
Home Phone		Cell	
Email			
Current Certification Level			
Certificate No.		Expiration Date	
<p>NOTE: This form is for recertification at the same level.</p> <ul style="list-style-type: none"> If you are applying for higher certification, please use the Application for a Certification Upgrade. If you obtained a certification through a Certification Equivalence, you will need to complete the Recertification Application for Certification via ICBOC's Equivalence Process 			
Current Employer			
Business Address			
Work phone		Work Email	
EDUCATION/TRAINING			
<p>Forms 2 and 3 are attached, please make sure you also complete them. Please provide photocopies of your certificates/transcripts and/or the original of the declarations for each training (workshops, seminars, courses etc..) or education program you have completed during the last two years.</p> <p>In total, these two forms should document a minimum of 40 hours that:</p> <ul style="list-style-type: none"> Have been completed in the past 24 months since your last certification Be specific to alcoholism and drug abuse counseling and/or related subjects If you were required to complete some further training to maintain your certification, please ensure you have taken the training or your renewal will not be granted until this is done Alternative forms of training are accepted for recertification, please use the attached form if needed <p>It is mandatory that this form be completed by a qualified person.</p>			
RECERTIFICATION FEE			
<p>PLEASE ENSURE THAT YOU HAVE ENCLOSED the \$200 recertification fee with all your documents. Review of the recertification application will only proceed once all the documents and the fee have been received.</p> <ul style="list-style-type: none"> If your recertification application is late or incomplete 30 days from the date of your certificate expiry, please add a late fee of \$25.00 (total \$225.00). If your recertification application has lapsed or is still incomplete 6 months or more from the date of your certificate expiry, please add a file reactivation fee of \$50.00 (total \$250.00) 			
SENDING YOUR RECERTIFICATION APPLICATION			
<p>Please send this application form, proof of training, and recertification fee made to ICBOC to:</p> <p>Registrar Indigenous Certification Board of Canada #207-2735 East Hastings Street Vancouver, BC V5K 1Z</p>			

Form to Document Completed Training/Education offered by External Providers

Valid certificates must be submitted for every completed training provided by external training providers. Unless otherwise indicated on the certificates, 6.5 hours are granted for each day of training.

If you have completed a training program or courses from a college or university program, please provide your transcripts. ICBOC might request a description of the courses completed.

A declaration on the employer's letterhead is accepted as proof of training if it includes the date of the training, its title and number of hours as well as the complete and legible contact information of the qualified person who signed the declaration.

If this training was completed in the context of a conference, please provide the title and hours for every sessions attended

Please photocopy this page to list additional training.

Title of training * (as indicated on certificate)	Training Provider (organization, conference, or trainer)	Hours
TOTAL HOURS		
Reserved for ICBOC		

ICBOC - Declaration verifying an 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

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 _____ Telephone # _____
Year
Month
Day