

INDIGENOUS CERTIFICATION BOARD OF CANADA

FIRST APPLICATION FOR CERTIFICATION EQUIVALENCE



New Applicant

The Indigenous Certification Board of Canada honors the certifications obtained from other certification boards, and grants, on request, an equivalent type and level of certification. Applicants for an ICBOC equivalent certification must be in possession of a certification in good standing with the Certification Board with whom they are certified, at the date of their application with ICBOC.

Please note that ICBOC equivalence is based on ICBOC certification standards and requirements, not on the certification and level obtained from the board that issued the certificate you are asked to submit. Please ensure you provide the documents and the fees indicated in this application form.

Renewing your equivalent certification

Applicants who have already obtained a certification equivalence with ICBOC and who wish to renew this
certification after two years, must complete the Application for Equivalent Recertification and submit the
required documents. This form will be sent with your recertification reminder or is available on request.

Upgrading your equivalent certification

To obtain a certification upgrade, professionals who have been certified by ICBOC through a certification
equivalence are required to complete the application package corresponding to the category and level of
certification they are applying for. This form is available on request.

certification they are applying for. This form is available on request.										
Date of application for certification equivalence										
Name of Appli	cant									
Job Title										
Home Address										
					- "					
Home Tel.					Cell					
Email										
			ho granted your certi	fication						
Title of curren	t certif	ication								
Issue date of your certificate					Ex	piry date				
Current emplo	yer									
Office/busines	s addr	ess								
Work Phone				Email						
REASON FOR YOUR APPLICATION FOR EQUIVALENCE										
Please state briefly your personal reasons for applying for the ICBOC certification equivalence										
(Please attach a separate note if you need more space)										
			WHAT YOU NEED	TO SUBN	ΛΙΤ ΥΟΙ	JR APPLIC	ATION			
This form, duly completed				Attached Wellness plan			certificate from other certification Board			
• Current job	•	-	Attached ICBOC Co	-	nics	• \$220.0	00 Certification fees			
SENDING YOUR APPLICATION										
Please send all the required documents, including payment of the fees* to the following address:										
By regular mail:										
Registrar										
Indigenous Certification Board of Canada #207-2735 East Hastings Street										
Vancouver, BC										
V5K 1Z8										
	1874 7	426								
*Please ensure	*Please ensure that cheques or money orders are made to ICBOC									

MY PERSONAL WELLNESS PLAN My name: ______ Date: _____ Signature: _____ A. My <u>Strengths</u>: What may stop me from using my strengths to achieve the goals I choose for myself:_____ В For my **Spiritual** well being: My goal is: Steps I take to reach my goal: C. For my **Emotional** well being: My goal is:____ Steps I take to reach my goal: D. For my **Physical** well being: My goal is:_____ Steps I take to reach my goal: E. For my **Mental** well being,: My goal is:____ Steps I take to reach my goal:

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.
- 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)		