

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS DIABETES PROGRAM WELLNESS SERVICES WORKERS**

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**2020**

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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 Diabetes Program Wellness Services Worker (CIDP-WSW)**. This application package contains all of the forms you 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 Diabetes Program Wellness Services Worker (CIDP-WSW)** by email or fax or download it from our website at <http://icboc.ca/certification/list-of-certifications/>. The summary is on the page corresponding to the certification.

If your supervisor and your references 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, on the outside of the envelope.

**Example:** 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** 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.

**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 current or 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 1-877-974-7425 by email at [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto: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 26. Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://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"/>	Copy of your certificates or diplomas from educational institutions
<input type="checkbox"/>	Copy of your transcripts with number of course hours for each course
<input type="checkbox"/>	Practicum/internship report (if applicable)
<input type="checkbox"/>	Photocopy of the certificates documenting any other trainings you have completed
<input type="checkbox"/>	Declaration form - applicant's alternative learning/training
<input type="checkbox"/>	Current comprehensive job description
<input type="checkbox"/>	Supervisor's evaluation form
<input type="checkbox"/>	Letters of reference #1 - personal reference
<input type="checkbox"/>	Letters 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 or <b>Indigenous Certification Board of Canada or ICBOC</b>

\*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, Toll Free 1-877-974-7425 or by email at [registrar@icboc.ca](mailto:registrar@icboc.ca) or [admin@icboc.ca](mailto:admin@icboc.ca)

The address to submit your application is provided on page 26

## Personal Information

**Very important:** Please ensure that your address and 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 \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street

Town/city Province Postal Code

HOME PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

If your position includes a supervisory function, please check appropriate circle Yes ☐ No ☐

Number of staff under your supervision \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street

Town/city Province Postal Code

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_  
Work email

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 Diabetes Program Wellness Services 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.

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 form**  
**To be completed by employer or supervisor**

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Diabetes Program Wellness Services 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 Diabetes Program Wellness Services Worker. Applicants must have employment utilizing skills in diabetes wellness awareness, prevention and education services within a diabetes program or organization. **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/yearMajor 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/yearBriefly describe the applicant's major duties in this previous position: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_2. Job title \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/yearBriefly 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 providing details for each post-secondary program:

**Name of University/College:** \_\_\_\_\_

*(Check appropriate box)*      ☐ Degree      ☐ Diploma      ☐ Certificate      ☐ Other\*

Name of degree, diploma, certificate or other\* \_\_\_\_\_

Year degree, diploma, certificate received \_\_\_\_\_

**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 foster 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.

<b>Date of this declaration</b>		<b>Name of applicant</b>	
<b>Name of the employing organization/agency</b>			
<b>Name of the person qualified to sign this declaration</b>			
<b>Job Title of the person signing this declaration</b>			
<b>Telephone</b>		<b>Email</b>	
<b>List of training(s) attended by this applicant</b>			
<b>Date of training</b>	<b>Title of the training session</b>		<b>Hours</b>
<b>Note:</b> If you need more space to list the training that the applicant has attended/completed, please photocopy this page. <b>Please ensure that the declaration section below is completed.</b>			
<b>DECLARATION</b>			
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 _____		Telephone # _____	
Year	Month	Day	

## Supervisor's Evaluation Form (page 11 to 17)

APPLICANT'S NAME: \_\_\_\_\_

### 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 Diabetes Program Wellness Services Worker**. Applicants must have employment utilizing the knowledge and skills required for diabetes awareness, prevention and education program services. **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 (must be at least six months): \_\_\_\_\_

**Please indicate the percentage of time the applicant spends sharing knowledge and providing wellness awareness, prevention, and education in the area of diabetes during a week of work in the following areas:**

Health Promotion  %      Event coordination  %      Diabetes Education  %

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

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

Core knowledge and skills	1	2	3	4
<b>Anatomy and physiological processes linked to diabetes</b>				
Knowledge of human anatomy and physiological systems				
Knowledge of the physiological processes that are linked to diabetes				
Ability to identify the medical tests that are used to diagnose diabetes				
Knowledge of the long term effects of untreated diabetes				
<b>Pathophysiology</b>				
Ability to describe normal glucose metabolism				
Knowledge of the difference between diabetes type 1 and type 2				
Ability to identify the risk factors of type 1 and type 2 diabetes				
Knowledge of the pathophysiological mechanisms for the development of type 1, type 2 and gestational diabetes				
Knowledge of the risk factors of gestational diabetes				
Ability to identify the signs and symptoms of prediabetes and gestational diabetes				
Knowledge of the signs and symptoms of hyperglycemia				
Knowledge of the signs and symptoms of hypoglycemia				
Understands the link between chronic hyperglycemia and the development of complications				
Knowledge of the common complications of diabetes				
Knowledge of diabetes' progression and its impacts				
<b>Epidemiology of diabetes among Indigenous communities in Canada</b>				
General knowledge of the characteristics of high risk populations				
Knowledge of the general prevalence of diabetes in Indigenous communities in Canada				
Knowledge of the factors that influence the difference and similarities of diabetes prevalence in Indigenous communities in Canada (First Nations, Metis and Inuit)				
Ability to identify prevalence of diabetes across the lifespan within Indigenous communities				
Ability to identify individuals and families at risk for complications				
<b>Scores</b>				
<b>Score this page</b>				
<b>Maximum score this page</b>				<b>80</b>

Core knowledge and skills	1	2	3	4
<b>Health promotion and diabetes prevention</b>				
Understands the impacts of determinants of health on Indigenous health and wellbeing				
Ability to identify the barriers to diabetes prevention and risk reduction within communities				
Ability to advocate with and for communities to improve their health and well-being				
Knowledge of approaches for diabetes prevention and risk reduction				
Knowledge of communication methods and techniques to implement health promotion action				
Knowledge of traditional indigenous approaches to diabetes prevention and management				
Ability to explain the link between lifestyle and the development diabetes				
Ability to develop alliances, and partnerships to meet the needs of individuals, families and communities affected with diabetes				
<b>Psychosocial impact of diabetes on individuals, families and communities</b>				
Ability to identify the psychological and social impacts of diabetes on affected individuals, their family and community				
Knowledge of the relationship between stress and its impact on diabetes and other health issues				
Knowledge of the psychological impact of diabetes on individuals over the life span				
Knowledge of the connection between gestational diabetes and fetal/child health issues				
<b>Client education in diabetes self-management and care</b>				
Awareness of the common myths associated with diabetes and diabetes care				
Awareness of the possible psychological barriers that individuals and families may have in relation to diabetes medications, self care and receiving care				
Knowledge of the relationship between food, activity and medication in preventing hypoglycemia				
Knowledge of the general principles and benefits of healthy eating				
Ability to provide instruction on the management of healthy meal plans				
Ability to introduce concepts of carbohydrate counting and meal-based insulin dosing				
Ability to communicate the importance of physical activity in diabetes prevention & management				
Knowledge of safety guidelines in regard to diabetes and physical activity				
Ability to communicate the correct techniques of basic blood glucose monitoring				
Ability to convey the role and value of regular blood glucose monitoring to individuals and families affected with diabetes				
Knowledge of safe and correct preparation and injection techniques and instruments				
Knowledge of common medications side effects and adverse reactions				
Ability to provide instruction on hypoglycemia prevention, identification and treatment				
Knowledge of diseases more common in people with diabetes				
<b>Lifestyle approaches to Diabetes (indigenous lens)</b>				
Knowledge with ancestors lifestyles and their relationship with health				
Knowledge of the risk factors that emerged and affect current diabetes issues in communities				
Knowledge of the foods that have a direct incidence on the development, aggravation, or amelioration of diabetes across the lifespan				
Ability to encourage women and families to explore their cultural teachings surrounding pregnancy and parenting				
Knowledge of the importance of nutrition and water for women during pregnancy				
Knowledge of the repercussions of addictions on diabetes (drugs, alcohol and smoking)				
Knowledge of healing and health enhancing aspects of culture and traditions				
the value of traditional activities (Medicines, land-based activities, songs, dances, games, humour, traditional crafts, etc.) and their impact on health and wellness				
Ability to assist individuals and their family develop/implement a diabetes care/wellness plan				
<b>Scores</b>				
<b>Total score - Core knowledge and skills this page</b>				
<b>Maximum score – Core knowledge and skills</b>				<b>140</b>

<b>General knowledge and skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Communication</b>				
Knowledge of one's own beliefs and attitudes in regard to health and wellness in order to develop supportive relationship with people with diabetes and their family				
Ability to actively listen, offer choices, respect clients' preferences and make them feel valued				
Ability to communicate with a variety of people and community organizations in a culturally sensitive, appropriate and respectful manner				
Ability to communicate information in a way that is clear and easy to understand				
Ability to provide information tailored to specific audiences				
Ability to apply the concept of emotional intelligence when interacting with others				
Ability to communicate with clients in their language				
Ability to adapt and use writing style that optimize understanding				
<b>Group facilitation</b>				
Ability to use group facilitation as a diabetes' awareness and education activity				
Ability to assess group needs and clarify mutual understanding				
Ability to adapt personal facilitating style to reflect the needs of the group				
Knowledge of participatory processes and ability to create a participatory environment				
Ability to elicit the creativity of the group				
Knowledge of the principles at the root of positive group dynamics				
Ability to mediate conflict and manage disruptive individual and group behaviour				
Knowledge of time management principles				
Ability to plan and manage use of time, space, materials and equipment.				
Knowledge of the processes of motivational interviewing (engaging, focusing, evoking, planning)				
<b>Knowledge and skills in areas linked to safety</b>				
Has received training and is able to deal with situations requiring First Aid/CPR/COPD etc.				
Ability to address workplace violence & harassment				
Knowledge of lifting techniques to prevent injuries				
Knowledge of WHMIS				
Ability to deal with incidents related to hypo or hyperglycemia				
<b>Scores</b>				
<b>Total score - General knowledge and skills</b>				
<b>Maximum score- knowledge and skills</b>				<b>92</b>
<b>Competencies in the 9 core functions</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Program Delivery</b>				
Ability to assist in the administration of all aspects of the program delivery				
Knowledge of the roles and responsibilities of all other organization/program members involved in the delivery of community diabetes wellness and prevention services				
Knowledge of current environment on diabetes, locally, regionally and nationally				
Ability to assist in coordinating and facilitating health promotion and diabetes education events based on community needs				
Ability to promote diabetes awareness from an Indigenous perspective				
Ability to assist Indigenous communities in identifying appropriate resources and services				
Ability to liaise and collaborate with community groups, service providers and relevant community services to implement existing diabetes services and to fill identified gaps				
Ability to assist in creating new culturally appropriate resources				
<b>Scores</b>				
<b>Total score – Program Delivery</b>				
<b>Maximum score – Program Delivery</b>				<b>32</b>

Competencies in the 9 core functions	1	2	3	4
<b>Teamwork</b>				
Ability to organize team meetings				
Ability to act as a resource and to contribute in team meetings in a constructive manner				
Ability to collaborate with all key players while planning and implementing events				
Knowledge of team members' roles and responsibilities				
Understanding of the terminology, procedures, and roles of other disciplines related to the treatment and care of diabetes				
Ability to update and summarize relevant clients' information in the context of a team meeting, while exercising disclosure discretion				
Knowledge of conflict resolution approaches				
<b>Resource Management</b>				
Knowledge of organization/program's resource management processes, procedures and policies				
Knowledge of department's resource needs				
Ability to maintain office with relevant diabetes resource materials				
Ability to create new culturally appropriate resources				
Ability to identify resources needed to provide departmental services				
Ability to prepare and organize events, equipment and resources				
Ability to investigate resources and provide information on cost				
Ability to research and obtain information on new resources relevant to department work				
<b>Event Management</b>				
Ability to assist in implementing events ensuring program protocols, priorities and privacy procedures are followed all involved				
Ability to assist in the targeting, planning, coordination and implementation of diabetes events				
Ability to assist other programs/departments with the implementation of community events				
Ability to manage event logistics				
Ability to liaise with partners to facilitate events				
Ability to collaborate in creating and launching publicity plan for events (ensure staff and/or volunteers are identified to manage specific tasks)				
Knowledge of the development of promotional material and its distribution				
<b>Community Outreach</b>				
Ability to represent the organization and program in a professional manner				
Understands the role and scope of program outreach services				
Ability to nurture new and old relationships with collaborative partners.				
Knowledge of community mobilization and participation concepts				
Ability to network in order to enhance the continuity, accessibility, accountability, and efficiency of resources and services available to clients				
Ability to identify gaps in services that individuals and families affected with diabetes' need				
Ability to identify and outreach women at risk of prediabetes and gestational diabetes				
Ability to organize awareness and education events targeting pregnant women in communities with incidences of diabetes				
Ability to collaborate with partners in order to provide early screening and aftercare services for pregnant women				
<b>Scores</b>				
<b>Total score this page</b>				
<b>Maximum score this page</b>				<b>124</b>

Competencies in the 9 core functions	1	2	3	4
<b>Referrals</b>				
Ability to know one's limit and to refer those seeking information and advice to qualified professionals				
Ability to liaise with communities to identify and document appropriate resources and services				
Knowledge of the wellness resources and services available within and outside the community				
Ability to match referrals to the need of individuals and families				
Ability to interpret the wellness needs of individuals and families affected with diabetes				
Skill in explaining to clients the nature and functions of referral sources and their relationship to their current needs				
<b>Education</b>				
Ability to assist with diabetes wellness education programing				
Ability to model culturally competent behaviour to clients and Community Diabetes Support Workers				
Ability to coach individuals and families affected with diabetes as well as Community Diabetes Support workers in the prevention and care of diabetes (1 & 2, pre and gestational diabetes)				
Ability to collaborate in creating and disseminating wellness educational programs and materials				
Knowledge of literacy, numeracy, physical or cognitive barriers to learning and of appropriate instructional strategies				
Knowledge of adult teaching/coaching techniques for participatory learning				
Ability to incorporate principles of age appropriate child learning approaches				
Knowledge of concepts related to behaviour change				
Ability to recognize levels of readiness to change				
Ability to incorporate a variety of wellness approaches to promote behaviour change				
Ability to provide and adapt educational presentations and workshops for clients and community members at events/outreach activities				
Capacity to acquire and share current information on relevant topics/ subject matters in the area of diabetes wellness and diabetes care				
Familiarity with the concept and practice of mentoring				
Ability to provide guidance individuals and families with self-management goals and implementation strategies				
Ability to develop a learning plan for Community Support Workers to address gaps in knowledge				
<b>Knowledge Building</b>				
Ability to identify personal knowledge and skill gaps				
Collaborates with supervisor to identify relevant training in order to carry out position duties effectively				
Ability to share information obtained from qualified diabetes professionals on topics related to diabetes, its prevention, treatment, and management				
Ability to identify reputable sources of diabetes information that Diabetes Community Support Workers may access				
Ability to research and compile culturally appropriate resource and educational materials for use by community Diabetes Support Workers and their clients				
Ability to develop and follow a self-care/wellness plan				
Ability to keep abreast of the latest advances in the causes, risk factors and treatment of diabetes				
Takes advantage of opportunities to enhance competencies in the field of diabetes prevention, care and education				
<b>Scores</b>				
<b>Total scores this page</b>				
<b>Maximum score this page</b>				<b>116</b>

Competencies in the 9 core functions	1	2	3	4
<b>Administration</b>				
Knowledge of program/organization's administration policies and operational plans				
Knowledge of general office administration				
Knowledge of data bases				
Ability to perform administrative duties to support the activities of the department				
Knowledge of computer applications				
Ability to maintain complete and accurate client files digital and paper file in accordance to the program policies				
Ability to observe policies related to confidentiality and clients rights				
Ability to insure efficient internal and external communication such as answering phones, taking and relaying messages, filing, photocopying				
Ability to write report and maintain records in an efficient manner				
Ability to obtain financial and budgetary aspects of events (e.g., cost estimate for room rental, food & beverages, equipment, speaker fees, travel, etc.)				
Capacity to forward relevant diabetes health promotion, prevention and educational information to be uploaded on organization/program website and social media tools				
Ability to provide appropriate documentation to employers, schools, government entities according to relevant laws and guidelines				
<b>Scores</b>				
<b>Total score - administration</b>				
<b>Maximum score - administration</b>				<b>48</b>
<b>Maximum score 9 Core Functions</b>				<b>320</b>
Supervisory competencies are only required if included in your job description	1	2	3	4
<b>Supervision</b>				
Knowledge of the organization's operation and department mandate, policies and service criteria				
Ability to describe the program's nature, goals of and processes to new staff				
Ability inform staff on wellness service criteria and processes				
Knowledge of individual and group structured facilitation				
Knowledge of staff supervision's procedures, methods and guidelines				
Ability to apply leadership concept and approaches to self and to supervisory activities				
Ability to articulate the purposes, goals and objectives of supervision to staff				
Capacity to implement appropriate use of supervisory interventions regarding staff duties and responsibilities				
Ability to assist in performance evaluations of department workers carried out by supervisor				
Ability to provide assistance to staff regarding their job functions, performance & attitude				
Ability to identify staff training gaps and provide recommendations for the development of a training plan				
<b>Scores</b>				
<b>Total score - Supervision</b>				
<b>Maximum score – supervision</b>				<b>44</b>
<b>Maximum score – 9 core functions + supervision</b>				<b>364</b>



<b>Cultural competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Knowledge of cultural approaches to diabetes</b>				
Knowledge of the changes that occurred after contact and their impact on Indigenous life				
Knowledge of traditional food and their use in diabetes risk reduction				
Ability to implement and incorporate culture, beliefs, values and traditions in interventions				
Understands the positive impacts of culturally appropriate care on recovery and wellbeing				
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
<b>Indigenous language skills</b>				
Is currently enrolled in a native language training program				
Knowledge and ability to communicate with clients in an Aboriginal language				
<b>Professional competencies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Professional attitude</b>				
Knowledge of policies regarding confidentiality				
Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with individuals and families affected with diabetes				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Communicates truthfully and avoid misleading or raising unreasonable expectations in others				
Ability to respect the customs and beliefs of others				
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
<b>Professional conduct</b>				
Ability to model culturally competent behaviour to				
Knowledge and respect of clients' rights and policies regarding confidentiality				
Knowledge of organizational policies related to behaviour in the workplace				
Ability to show respect, understanding and courtesy to others in all work relationship				
Knowledge of the organizational policies related to ethical conduct				
Ability to apply organizational or ICBOC code of ethics in all professional situations				
<b>Scores</b>				
<b>Total score - cultural and professional competencies</b>				
<b>Maximum score - cultural and professional competencies</b>				<b>68</b>

## Glossary of terms - All References

### Commitment to helping individuals and families affected with diabetes

Consider honesty, maintenance of healthy relationships, the ability to show understanding and compassion, and commitment to provide the highest standards of services to clients affected with diabetes and their family

### Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as evidence that the applicant considers his/her involvement in the field as more than a “job”

**Supervisor's reference - Please comment on the following**

**Commitment to helping individuals and families affected by diabetes** \_\_\_\_\_

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**Professionalism** \_\_\_\_\_

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**Other comments** \_\_\_\_\_

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Name of Supervisor (please print): \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street

City

Province

Postal code

TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Employers<sup>1</sup> declaration - applicants criminal record checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that employees' criminal records are verified 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: \_\_\_\_\_

<sup>1</sup> 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 an Indigenous Diabetes Program Wellness Services Worker

NAME OF APPLICANT: \_\_\_\_\_

The above-named individual has applied for certification as an Indigenous Diabetes Program Wellness Services 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 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 ☐ Colleague ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

2. Professionalism \_\_\_\_\_

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

8. Other Remarks \_\_\_\_\_

Name of Referee \_\_\_\_\_

Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Professional letter of reference #2

### In support of an application for certification as an Indigenous Diabetes Program Wellness Services Worker

NAME OF APPLICANT: \_\_\_\_\_

The above-named individual has applied for certification as an Indigenous Diabetes Program Wellness Services 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 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 ☐ Colleague ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

2. Professionalism \_\_\_\_\_

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

8. Other Remarks \_\_\_\_\_

Name of Referee \_\_\_\_\_

Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ PC \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Consent Form

### Consent for the release of information

I, \_\_\_\_\_, of \_\_\_\_\_  
Print Name of Employee Print Name of Employer/Organization

hereby authorize and consent the 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 Diabetes Program Wellness Services 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

- Maintain a healthy lifestyle during our tenure as Indigenous certified 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 primary goal of maintaining the optimum wellness of the client.
- Show a genuine interest in helping and serving persons with diabetes issues and be dedicated to the concept of wellness 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.
- 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 clients, their family and the community
- Where necessary, have recourse to other health professionals and/or services to assist and guide the client in her/his wellness journey.
- 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.

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Signature

Date: \_\_\_\_\_

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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](mailto:registrar@icboc.ca)

**Website:** [www.icboc.ca](http://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/>