

INDIGENOUS CERTIFICATION BOARD OF CANADA



APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS ATTENDANTS IN RESIDENTIAL ADDICTION SERVICES

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 Attendant in Residential Addiction Services (CIARAS)**. 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 consult the **Summary of Standards and Requirements for Certified Indigenous Attendant in Residential Addiction Services**, available on our website at www.icboc.ca, Click on **Certification**, then **Certification and Fees**, then on **(CIARAS)**

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** 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 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 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 25. Please visit our website for other information and documents related to this certification (www.icboc.ca).

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Educational Qualifications Form
	Copy of your certificates or diplomas from educational institutions
	Copy of your transcripts with number of course hours for each course
	Practicum/internship Report (if applicable)
	Declaration verifying alternative learning/training
	Verification form for training delivered by external or in-house trainers
	Photocopy of certificates for trainings delivered by external or in-house trainers
	Current comprehensive Job Description
	Supervisor's Evaluation Form
	Letters of Reference #1 - personal reference
	Letters of Reference #2 - professional reference
	Employers' Letter of Declaration regarding Applicants' Criminal Record Checks
	Consent Form (<i>Release of information</i>)
	Completed and signed Personal Wellness Plan
	Dated and signed Code of Ethics
	Payment of the Certification fee*, in the form of a cheque, or money order, payable or 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, 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 25

Personal Information

Very important: Please ensure that your contact information can be clearly read to avoid errors when we wish to contact you by mail, email or phone. An email address makes communication easier.

APPLICANT'S FULL NAME _____
First Middle Last

CURRENT POSITION _____

Are you a NNADAP worker? _____ Residential Treatment? ☐ or Community-based service ☐

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

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 Attendant in Residential Addiction Services 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**. Please write this information, including the date.

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 Attendant in Residential Addiction Services (CIARAS) 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 Attendant in Residential Addiction Services. Applicants must have employment utilizing wellness/addictions skills. **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 provide details for each post-secondary program:

1. Name of University/College: _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

2. Name of University/College: _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

3. Name of University/College: _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

Declaration verifying 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.

IMPORTANT: Please read the instructions below carefully to avoid your alternative leaning/training being declined.

- Photocopy this form and **use ONE copy to document training/learning acquired in EACH of the three (3) situations listed.** Training hours acquired through several situations and documented on the same form will result in the form being resent to the applicant.
- Please ensure each form you submit 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).
- If you list training pertaining to **situation 3**, please **submit all the required documents**
- **Training documented in ALL the forms submitted must not exceed 26 hours.**

Do not use this form to list training delivered by external or in-house trainers/facilitators. If you attended training

Accepted ALTERNATIVE learning/training situations:

- 1. Participating in cultural, traditional activities and ceremonies in the context of your professional healing work with clients** during your normal work schedule.
- 2. Cultural teachings or advice YOU received from an Elder at your place of employment, during the course of your normal work schedule.**
- 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.

Situation number relating to this training		Applicant's name	
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job Title of the person signing this declaration			
Telephone		Email	
List of training(s) attended by this applicant			
Date of training	Title of the learning/training	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 section of the declaration 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.			
Signature of qualified person _____			
Date _____			
Year	Month	Day	

Verification form for training delivered by external or in-house trainers

List of training(s) attended by this applicant	
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[illegible]

Supervisor's evaluation form (page 12 to 15)

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

NAME OF 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 as a Certified Indigenous Attendant in Residential Addiction Services (CIARAS). Applicants must have employment utilizing the competencies documented in his/her job description. **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:

Brief Counselling Intervention % Client Safety % Crisis Intervention %

IMPORTANT: Please place a cross (x) in the box that most accurately reflects the applicant's knowledge or skill

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

Core Addiction and Wellness Topics	1	2	3	4
Basic knowledge on different types of addictions (drugs, alcohol, other process addictions)				
Knowledge of the signs and symptom of addiction				
Knowledge of medication management				
Knowledge of Indigenous perspectives on mental wellness				
Knowledge of personal care and stress management				
Scores				
Total Score				
Maximum score	20			
Addiction and Mental Wellness Related topics	1	2	3	4
FASD				
Trauma, including Residential school and Intergenerational Trauma				
Suicide				
Mental Wellness				
Relapse Prevention				
Scores				
Total Score				
Maximum score	20			
Knowledge/Skills in Support of Professional Practice	1	2	3	4
Communication				
Listening – Understand and learns from what others say				
Speaking – Conveys ideas and facts orally using language easy to understand				
Reading – Grasps meaning of information & applies it to work situation				
Written Communications – Writes accurate reports with relevant information				
Is familiar with computer based communication – Keyboarding, emails, social media etc...				
Scores				
Total Score				
Maximum score	20			

Conflict resolution				
Is able to keep calm in situations of conflict				
Is able to intervene and prevent conflict situations from escalating into crisis				
Knowledge of methods and techniques to negotiate the resolution of conflicts				
Is able to facilitate the prevention and/or the resolution of conflict while preserving relationships				
Is able to recognize his/her own limit and to refer unresolved conflict issues to the right person				
Safety Skills				
Has relevant safety training conform to workplace policy, regulations and standards of practice				
Ability to participate fully in all security and safety measures, policies and procedures ensuring the safety of clients, co-workers and stakeholders				
Ability to report and respond appropriately to client injury or illness				
Is committed to clients' health and safety in the work environment, including infection prevention				
Ability to supervise effectively clients who self-administer their medication and to inform senior professionals if incorrect usage is suspected				
Scores				
Total Score				
General Knowledge/Skills in Support of Professional Practice - Maximum score				60
Cultural knowledge and skills	1	2	3	4
Knowledge of the impacts of colonisation on indigenous communities, families and individuals				
Knowledge of the government current program to address the legacy of colonisation on the health and social impacts on indigenous individuals and families				
Understanding of indigenous nations own history and cultures in Canada				
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous communities, families and individuals				
Knowledge of culturally appropriate approaches to facilitate clients' cultural learning				
Scores				
Total Score				
Cultural knowledge and Skills - Maximum score				20
Knowledge and Skills in the 7 Core Functions	1	2	3	4
Brief Intervention/Counselling				
Knowledge of the range of counselling techniques that can be used for a variety of clients				
Knowledge of brief intervention approaches and techniques and their benefits				
Knowledge of motivational interviewing				
Ability to listen and converse with clients in a manner that is a culturally sensitive and responsive to clients' needs and situation				
Ability to know when to refer client's issues to counsellors				
Client Care				
Demonstrate a strong commitment to client care				
Capacity to build trusting relationship & demonstrate compassionate, culturally safe care				
Ability to support clients' progress through their treatment program				
Ability to act as a role model, thus providing guidance and support to clients				
Ability to define the care needed to be provided to clients when illness/accidents occur				
Scores - 7 score Functions on this page				
Total Score - 7 core Functions on this page				
Cultural knowledge and Skills in the 7 Core Functions - Maximum score this page				40

Client monitoring				
Ability to create a safe and secure environment by respecting policies and procedures				
Actively manage risk, promotes & contributes to an orderly, safe and secure environment				
Ensure that clients are knowledgeable of and comply with all safety and health requirements				
Ability to monitor clients during assigned shift, assessing safety needs and implementing procedures in the event of a crisis and emergency				
Ability to monitor the administration of medication according to established policies, procedures and regulations				
Client Orientation				
Ability to describe to the client the general nature and goals of the program				
Ability to describe to the client the rules governing client conduct and infractions				
Crisis Intervention				
Knowledge and understanding of what constitutes a crisis				
Ability to recognize a client in crisis				
Knowledge of the principles of crisis intervention				
Knowledge of techniques to deal with crisis situations and to ensure safety				
Knowledge of resources and supports to assist in the management of the crisis				
Reports and Record Keeping				
Ability to document accurately and appropriately all activities, incidents, issues of concern				
Ability prepare statistical data to inform on the monitoring and evaluation of work plans & year end reports				
Ability to use computers to document information for clients' files according to policies and procedures				
Teamwork				
Ability to establish and maintain good relationship with team members, characterized by a high level of acceptance, cooperation and mutual respect				
Ability to promote cooperation and commitment within the team to achieve goals and objectives				
Is willing to participate and contribute in staff and supervisory meeting				
Knows and support colleagues' work and deliverables				
Willingness to help colleagues who need or ask for help for support or assistance				
Scores - 7 score Functions this page				
Total Score - 7 score Functions this page				
7 core functions - Maximum score this page	120			
Cultural competencies	1	2	3	4
Ability to incorporate cultural beliefs, values and traditions in interventions with clients				
Ability to support the cultural and learning of Indigenous clients while respecting the diversity within the community				
Ability to encourage and support clients' participation in traditional and cultural aspects of spiritual recovery				
Knowledge of cultural practices and protocols associated with traditional ceremonies				
Uses his/her Indigenous language in the services provided to clients				
Scores – Cultural competencies				
Total Score – Cultural Vompencies				
7 core functions - Maximum score this page	20			

Professional Integrity	1	2	3	4
Ability to maintain a genuine, warm, supportive, healthy and balanced relationship with clients				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Ability to communicate truthfully and avoid raising unreasonable expectations in others				
Adherence to the code of conduct, ethical policies, and procedures of the organization				
Scores – Professional Integrity				
Total Score – Professional Integrity				
Maximum Score Cultural Competencies and Professional Integrity	16			

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

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: _____

Employers¹ declaration - applicant's criminal record checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about 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 Attendant in Residential Addiction Services (CIARAS)

NAME OF APPLICANT: _____

The above-named individual has applied for certification as a Certified Indigenous Attendant in Residential Addiction Services (CIARAS) with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant personally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

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

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐

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 Attendant in Residential Addiction Services (CIARAS)

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Certified Indigenous Attendant in Residential Addiction Services 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 wish, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. 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 #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”

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 needs 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 Attendant in Residential Addiction Services (CIARAS)** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

“ My Wisdom of Choice is my great gift received from the Creator. I draw on the teachings and wisdom of Elders whom I know and respect. Their insights provide the vision I need to discover my purpose.”

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

Examples:

a. Strengths

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

b. Spiritual

Traditional/cultural ceremonies, prayer, spiritual readings, meditation.

c. Emotional

Cultural practices, healing, work environment, adventure, rest and relaxation, feelings, virtues, beliefs, values, self-esteem.

d. Physical

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex.

e. Mental/Social/Cultural

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management.

My Personal Wellness Plan

My name: _____ Date: _____ Signature: _____

A. My **Strengths**: _____

What may stop me from using my strengths to achieve the goals I choose for myself: _____

B For my **Spiritual** well being:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** well being:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** well being:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** well being,:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional 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/>