

INDIGENOUS CERTIFICATION BOARD OF CANADA



APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS DIABETES FOOT CARE PROGRAM ASSISTANT (CID-FCPA)

2020

Contents of the application package for the certification of Foot Care Program Assistants

FORMS	PAGE
Instructions for completing this application Package	3
Check list	4
Assurances form	6
Employment history form	7
Employment verification form <i>(Photocopy the form if you have had different employers)</i>	8
Educational qualifications form <i>(Photocopy the form if you have education/training from more than 3 educational institution)</i>	9
Declaration form - alternative learning/training	10
Supervisor's evaluation form <i>(pages 11 to 15)</i>	11
Glossary of terms <i>(for all references)</i>	17
Supervisor's reference	17
Employers' declaration - applicants' criminal record checks	18
Letter of reference # 1 - personal <i>(Using the form provided, obtain one letter of personal reference from an individual who has known you (not a relative) for at least three years).</i>	19
Letter of reference # 2 - professional <i>(Using the forms, obtain one letter of professional reference from an individual who has known you for one full year.</i>	20
Consent form <i>(Release of information)</i>	21
Wellness plan to complete and sign <i>(Keep a copy for yourself)</i>	22
ICBOC's code of ethics to date and sign	24
Where to submit your application	25

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 Foot Care Program Assistant (CID-FCPA)**. 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 Foot Care Program Assistant (CID-FCPA)** 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 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)
	Photocopy of the certificates documenting any other trainings you have completed
	Declaration form - applicant's alternative learning/training
	Current comprehensive job description
	Supervisor's evaluation form
	Letters of reference #1 - personal reference
	Letters of reference #2 - professional reference
	Employers' declaration - 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 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 _____

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 Foot Care Program Assistant 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 _____

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 Foot Care Program Assistant 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 Foot Care Program Assistant. Applicants must have employment utilizing skills in client services within a diabetes program or an 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/year

Major Duties _____

Additional position(s) previously held by the applicant in your organization (if any):

1. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

2. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

Signature of employer/supervisor: _____ Date: _____

Educational qualifications

In the space below please provide information on your educational background. *Please note that there are provincial differences in the Canadian Education System at secondary and post-secondary levels. Please specify your academic credential.

A. Secondary Education: (check appropriate box)

High School Diploma GED Other* _____
(please specify)

B. Post-Secondary Education:

Have you pursued a post-secondary education program? Yes No

If the answer is yes, please provide details for each post-secondary program:

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.

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.			
Signature of qualified person _____			
Date _____		Telephone # _____	
Year	Month	Day	

Supervisor's evaluation form (page 11 to 15)

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 Foot Care Program Assistant**. Applicants must have employment utilizing the skills required 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 (must be at least six months): _____

Please indicate the percentage of time the applicant spends sharing knowledge and providing care in diabetes during a week of work in the following areas:

Client services coordination % Event coordination % Resource management %

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
Anatomy and physiological processes linked to diabetes				
Knowledge of human anatomy and physiological systems				
Knowledge of the physiological processes that are linked to diabetes				
Knowledge of the long term effects of untreated diabetes				
Pathophysiology				
Knowledge of the difference between diabetes type 1 and type 2				
Knowledge of the causes, risk factors of both type 1 and type 2 diabetes				
Knowledge of the signs and symptoms of hyperglycemia				
Knowledge of the signs and symptoms of hypoglycemia				
Knowledge of the common complications of diabetes				
Epidemiology of diabetes among Indigenous communities in Canada				
Knowledge of the general prevalence of diabetes in Indigenous communities in Canada				
Knowledge of the forms of diabetes affecting Indigenous communities				
Health promotion and diabetes prevention				
Understands how the determinants of health influence the health and wellbeing of Indigenous communities				
Knowledge of traditional indigenous approaches to diabetes prevention and care				
Ability to explain the link between lifestyle and the development of type 2 diabetes				
Psychosocial impact of diabetes on individuals, families and communities				
Knowledge of the psychosocial impacts of diabetes on affected individuals, their family and community				
Knowledge of the resources available to assist individuals and families in coping with the economic and financial repercussions of diabetes				
INDIVIDUAL scores for Core knowledge and skills on this page				
TOTAL score for Core knowledge and skills on this page				
Maximum Score for Core knowledge and skill on this page				60

Core knowledge and skills (continued)	1	2	3	4
Client education in diabetes self-management and care				
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, to self care/management and to receiving care				
Ability to focus on the knowledge and skills acquisition necessary for diabetes self-management				
Introduction to non invasive foot care				
Knowledge of the impact of diabetes on the feet				
Knowledge of the factors affecting mobility and balance				
Knowledge of foot injuries that require medical attention				
Knowledge of the different products or equipment to prevent or treat foot issues				
INDIVIDUAL scores for Core knowledge and skills on this page				
TOTAL score for Core knowledge and skills on this page				
Maximum score for Core knowledge and skills on this page				28
TOTAL MAXIMUM SCORE FOR CORE KNOWLEDGE AND SKILLS				88
General knowledge and skills in support of professional practice	1	2	3	4
Communication				
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 apply the concept of emotional intelligence when interacting with others				
Ability to actively listen, empathize and nurture positive rapport with others				
Ability to communicate with organization/program's Indigenous stakeholders in their language				
Capacity to listen, offer choices, respect others' preferences and to make them feel valued				
Ability to update and summarize relevant clients' information in the context of a team meeting, while exercising disclosure discretion				
Bookkeeping/Finances				
Level of proficiency with numbers				
General knowledge and skills in accounting and bookkeeping				
Ability to track and process program budget transactions				
Ability to track and process payables in a prompt manner				
Level of knowledge and skills in using c bookkeeping and accounting technology				
Knowledge and skills in data Entry				
Safety Issues				
Knowledge of the common work safety hazards				
Knowledge of the organization's work safety policies				
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				
INDIVIDUAL scores for General knowledge and skills on this page				
TOTAL score for General knowledge and skills on this page				
TOTAL MAXIMUM SCORE FOR GENERAL KNOWLEDGE AND SKILLS ON THIS PAGE				80

Competencies in the 8 core functions	1	2	3	4
Program Delivery (assisting role)				
Knowledge of the roles and responsibilities of all other organization/program members involved in the delivery of services				
Ability to assist the Foot Care Program team in the planning, administration and coordination of the Foot Care Program Delivery				
Ability to assist in planning, coordinating and facilitating foot care, training and other program events				
Ability to assist the Foot Care Program team in providing circle of care for clients and community members by liaising with event hosts, service providers and relevant community services as necessary				
Administration				
Knowledge of general office administration				
Knowledge of computer applications				
Ability to perform administrative duties (main data base input, calendar updates, quarterly activity reports etc.)				
Ability to maintain complete and accurate client files and in data base, digital and paper file in accordance to the organization/program and legal requirements.				
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 collaborate with the Foot Care Program team in the processing of financial and budgetary aspects of events (e.g., cost estimate for room rental, food & beverages, equipment, speaker fees, travel, etc.)				
Ability to forward relevant diabetes/foot care information and to upload the information organization/program website and social media tools				
Event Management				
Knowledge of the steps, procedures and protocols in place with the organization in regard to organizing event				
Ability to assist in the targeting, planning, coordination and implementation of diabetes care events				
Ability to assist ensuring program protocols, priorities and privacy procedures are followed by staff, clients' representatives, contract workers and all stakeholders involved in events.				
Ability to assist Foot Care Program team in the preparation of events - ie. identifying, contacting sponsors/partners and appropriate venues, confirming speakers/presenters/entertainers and negotiating details				
Ability to assist in organizing, transporting appropriate clinic equipment and supplies				
Ability to lift heavy equipment and other supplies				
Ability to assist in organizing best and appropriate use of space and equipment set up at events				
Ability to assist the Foot care Program team in developing and launching publicity plan for events (ensure staff and/or volunteers are identified to manage specific tasks)				
INDIVIDUAL scores for Core functions on this page				
TOTAL scores for Core functions this page				
Maximum score for Core functions this page				80

Competencies in the 8 core functions (continued)	1	2	3	4
Resource management (assisting role)				
Knowledge of department's resource needs				
Ability to apply organization/program's processes, procedures and policies to the management of resources				
Ability to maintain resource inventory and fulfill all resource requests				
Work with Foot care Program coordinator and suppliers to re-order event equipment, educational and other materials/resources				
Ability to process specific orders for items needed for clients and/or events				
Ability to organize resources/equipment in preparation for events				
Ability to assist Foot care Program team in investigating resources and find information on cost				
Client Education				
Ability to assist with the dissemination of diabetes educational material				
Ability to distribute information and educational materials for clients and community members at events/outreach activities				
Knowledge of relevant topics/ subject matters in the area of diabetes and diabetes care				
Community Outreach				
Ability to represent the organization and program at all functions in a professional manner and with respect to their mandate, mission statement, and values				
Understands the role and scope of Foot care program outreach services				
Knowledge of current environment on diabetes in Indigenous communities				
Ability to assist the Foot Care Program team to develop its network in order to enhance the continuity, accessibility, accountability, and efficiency of resources and services available to clients				
Ability to assist the Foot Care Program team in ensuring the organization and the program's public communications are correct, professional and follow the organization's branding style and AODA guidelines.				
Knowledge Building				
Ability to identify personal knowledge and skill gaps				
Commitment to maintain and enhance own knowledge and skills through a variety of means				
Ability to collaborate with Foot Care coordinator to identify personal knowledge/training gaps and needs.				
Ability to collaborate with supervisor to identify relevant training in order to carry out position duties effectively				
Ability to develop and follow a self-care/wellness plan				
Teamwork				
Ability to organize team meetings				
Understands of the terminology, procedures of other disciplines related to the treatment and care of diabetes				
Ability to collaborate with program team to advance the mandate of the program				
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				
INDIVIDUAL scores for Core functions on this page				
TOTAL score core functions for this page				
Maximum score for Core functions on this page				100
TOTAL MAXIMUM SCORE FOR THE 8 CORE FUNCTIONS				180

Cultural competency	1	2	3	4
Knowledge of cultural approaches to diabetes				
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				
Indigenous language skills				
Is currently enrolled in a native language training program				
Knowledge and ability to communicate with clients in an Aboriginal language				
INDIVIDUAL scores for Cultural competency on this page				
TOTAL score for Cultural Competency on this page				
MAXIMUM SCORE FOR CULTURAL COMPETENCY ON THIS PAGE				24
PROFESSIONAL COMPETENCIES	1	2	3	4
Professional attitude				
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				
Professional conduct				
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				
Adhering to professionalism in representing the organization and program at all times.				
INDIVIDUAL scores for Professional competencies on this page				
TOTAL score for Professional competencies on this page				
MAXIMUM SCORE FOR PROFESSIONAL COMPETENCIES ON THIS PAGE				44

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 _____

Professionalism _____

Other comments _____

Name of Supervisor (please print): _____

ADDRESS _____
Street City

Province Postal code TELEPHONE (____) _____

Signature: _____

Date: _____

Employers¹ 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: _____

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 an Indigenous Diabetes Foot Care Program Assistant

NAME OF APPLICANT: _____

The above-named individual has applied for certification as an Indigenous Diabetes Foot Care Program Assistant with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **Please do not provide this information unless you have known the applicant personally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

If you prefer, you can write your own professional reference letter.

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 Foot Care Program Assistant

NAME OF APPLICANT: _____

The above-named individual has applied for certification as an Indigenous Diabetes Foot Care Program Assistant 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 professionally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

If you prefer, you can write your own professional reference letter.

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 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 Foot Care Program Assistant** 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

- 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.

Signature

Date: _____

Name (Please print)

***Please note that if your organization has its own code of ethics or conduct, ICBOC will accept it. You are required to submit it with your signature, the date and your printed name.**

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/>