

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS COMMUNITY SUPPORT WORKERS - Level II -**

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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 Community Support Worker at level II (CICSW II)**. Once certified at this level, you might be interested in reaching for a community support management certification and we encourage you to visit our website to examine the standards and requirements for ICBOC certification as a Certified Indigenous Community Support Manager at Level I (CICSM I).

This application package contains all of the forms you will need to submit for the review of your application. **There is a check list on page 4 to help you.** All the material must arrive in our office in one envelope, including payment of the applicable fees.

Now that you have downloaded this package, you are responsible for:

1. Completing your sections and gathering all the required supporting documents
2. Ensuring that your supervisor, employer and referees complete their parts
3. Sending everything, including the application fee that fits your situation\* to the ICBOC office.

*\*For more information on applicable fees, please consult ICBOC's website at <http://icboc.ca/community-support-fees/>*

### PLEASE KEEP A PHOTOCOPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR OWN FILES.

To examine the standards and requirements for this certification, please download the **Summary of Certification Standards and Requirements for Certified Indigenous Community Support Workers – Level II** from our website at [www.icboc.ca](http://www.icboc.ca) or request an electronic copy from [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto:registrar@icboc.ca)

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 our application package) with the following information printed on the front.

**Example:** The information on the outside of the envelope should bear the following information:  
Letter of Reference for ..... (*applicant's 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, including the cheque or money order** (*payable to the Indigenous Certification Board of Canada or ICBOC*). 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 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 at 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 33. **Please visit our website for other information and documents related to this certification** ([www.icboc.ca](http://www.icboc.ca)). Place a check mark or cross in the left column to self checked the list and ensure you have submitted the documents in your envelope.

<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"/>	Alternative learning/training declaration form
<input type="checkbox"/>	Training provided by external providers form
<input type="checkbox"/>	Copy of your graduation certificates or diplomas from educational institutions
<input type="checkbox"/>	Copy of your formal and/or informal transcripts from educational institutions
<input type="checkbox"/>	Copy of course descriptions completed in an in educational institution program
<input type="checkbox"/>	Copy of your graduation certificates from all other training providers
<input type="checkbox"/>	Copy of your declarations/affidavits ( <i>if applicable</i> )
<input type="checkbox"/>	Copy of the certificates documenting any other trainings you have completed ( <i>in-house training, external training in the form of workshops, webinars, short courses, conferences, online training</i> )
<input type="checkbox"/>	Practicum/internship report ( <i>if applicable</i> )
<input type="checkbox"/>	Current comprehensive job description
<input type="checkbox"/>	Supervisor's evaluation form
<input type="checkbox"/>	Supervisor's reference
<input type="checkbox"/>	Letter of reference #1 - personal reference
<input type="checkbox"/>	Letter 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 to the <b>Indigenous Certification Board of Canada or ICBOC</b>

\* For more information on applicable fees, please consult ICBOC's website at <http://icboc.ca/community-support-fees/>

All of the required forms that make up the application package must be received in our office as **one complete package**, in order for us to process your application. The address to submit your application is provided on page 33. For your own records, keep the originals of your certificates, as well as a copy of the other documents in your application

If you require more information or assistance, please contact the ICBOC office at 604-874-7425, or 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)

### Personal Information

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

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

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

**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 Community Support 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”<sup>1</sup> defines responsibilities to oneself and to others. I understand that I can, if I prefer, provide the Code of Ethics<sup>1</sup> applicable in my current place of work.

I certify that I have maintained a healthy lifestyle for a minimum period of three (3) years immediately prior to making this application, and that I am striving to act as a model for my peers, clients and the communities I serve.

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 person-reference, from my supervisors, employers or from educational institution(s), as deemed necessary in the processing of this application.

I waive my right to inspect the results of any such inquiries and my right to inspect any letters of endorsement or personal reference and/or to inspect the record of deliberations of the Board in considering this application.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

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<sup>1</sup> You can submit the code of Ethics of your organization/employer instead of ICBO's code of ethics. See page 32

**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****To be completed by your employer, supervisor or HR person**

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Community Support Workers' work experience standard at Level II, 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 Community Support Worker at Level II**. Applicants must have employment utilizing counselling knowledge and skills in community support. **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 Regarding an Applicant's Alternative Learning/Training

These are the instructions for completing the declaration form on page 11

### What is alternative learning/training?

As a culture-based certifying body providing professional certification to the Indigenous unregulated workforce, ICBOC recognizes that, for various reasons, it is sometimes difficult for workers to attend training outside the community. We believe that knowledge and skills can also be acquired through alternative means. ICBOC considers three distinct situations where this kind of alternative learning/training can be acquired and recognized:

### Which situations are recognized as alternative learning/training?

#### **Situation 1. Participation in cultural/traditional activities in the context of your healing work with clients.**

By attending and/or participating in these activities with your clients, during work hours, you are acquiring skills and knowledge about how and why these activities can impact the recovery and wellbeing of your client.

**Situation 2. Cultural teachings or advice you received from an Elder, at your place of employment, and during the course of your work schedule.** This might relate to issues pertaining to your own ability to engage with your clients, for which you are seeking guidance with the view to improve your interventions and relationship.

**Situation 3. Training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community.** By sharing your knowledge with others, you are also gaining valuable skills and knowledge yourself. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc...

Communicating your knowledge is not a one-way process. Your audience is always made up of people who can also contribute their own ideas, views, learnings, values etc... This will impact and enhance your own knowledge. We encourage employers and supervisors to foster the sharing of the knowledge that already exists among their staff. Creating a community/circle of learning in a workplace enhances individual and collective learning. **Specific documents are required to justify the hours gained from situation 3.**

### IMPORTANT

- Please carefully read, use and complete the form below and/or any copies so that they are submitted exactly as instructed, or it/they will not be accepted.
- Please complete **one copy of the form on page 11** below for each situation *(if you need more space, you can make photocopies of each form)*.
- **Do not list** learnings/trainings acquired in **multiple situations on one single form**.
- **Do not use this form to list training provided by external trainers/facilitators.** To confirm whether or not you attended trainings provided by **external facilitators**, please read the instructions on page 12 then use and complete the form on page 13.
- Please note that **the maximum number of hours** accepted as part of the Declaration of alternative learning/training **for ALL submitted forms must not exceed 26 hours**.
- **Ensure that each copy** of the forms submitted **is completed as required by a person qualified to sign it** (Elder, employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted).
- **If it is not possible for an Elder** to complete and sign a form for situation 2, it can be completed by one of the other qualified persons. **However, the name and contact information of the elder MUST be provided on the form or it will not be accepted.**

## Declaration Regarding an Applicant's Alternative Learning/Training

(This form **IS NOT** for documenting class training provided by external facilitators. To do that, please use the form on page 13)

As a culture-based certifying body providing professional certification to the unregulated Indigenous workforce, ICBOC recognizes that, for various reasons, it is sometimes difficult for workers to attend training outside the community. We believe that knowledge and skills can also be acquired through other means. We strongly encourage employers and supervisor to encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

### REMINDERS:

- Please read, use and complete this form carefully, as instructed on page 10. **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 or other trainings in other formats provided by external facilitators, please use and complete the form on page 13.
- You are responsible for requesting and obtaining certificates from external trainers/facilitators, and for submitting them with your application.

**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, and during the course of your work schedule.

**Situation 3.** Training you have yourself delivered in-house to your colleagues, your clients or the public. To claim these training hours, you need to submit a copy of the training session description, including the title, learning objectives, details of the content and agenda. The declaration should be completed by a qualified person.

<b>Name of applicant</b>			
<b>Which particular training/learning situation are you referring to (situation #)</b>		<b>Date</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 or delivered by this applicant</b>			
<b>Date of training</b>	<b>Title of the training</b>		<b>Hours</b>
<b>Note:</b> <ul style="list-style-type: none"> <li>- If you are using this form to claim hours for situation #e, please insure you are submitting the required documents.</li> <li>- If you need more space to list the training that the applicant has attended/completed, please photocopy this page.</li> <li>- <b>Please make sure the declaration section below is completed as required.</b></li> </ul>			
<b>DECLARATION</b>			
<p>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.</p>			
<p>Name of qualified person _____</p>			
<p>Signature of qualified person _____</p>			
<p>Date _____</p> <p style="text-align: center;">Year                      Month                      Day</p>		<p>Telephone # _____</p>	

## Training Provided by External Providers

These are the instructions for completing the form on page 13

The form page 13 is intended to document training that you have completed, that was delivered by external providers and for which you are submitting a proof.

### Who are considered as external providers?

- Trainers/facilitators or instructors who are invited to your place of work or to your community to deliver training. Many of these trainers/facilitators are independent trainers registered with and approved by ICBOC
- Facilitators, presenters or instructors who deliver training outside of your place of work or community (*see external training below*)

### Types of trainings delivered by external providers

#### • Community-based or workplace-based training

- Training delivered at your place of work or in your community.

Please use the form page 13 to list these trainings and submit the required proofs of completion.

#### • External training

The following are considered external training, delivered by external providers:

- Formal courses or programs delivered by universities and/or colleges or other educational institutions (*online or classroom-based*)
- Informal training in the form of workshops, stand-alone courses, seminars, webinars, including those delivered by independent trainers or in the context of conferences (*online or classroom based*)

Please use the form page 13 to list these trainings and submit the required proofs of completion.

### What are the proofs of training accepted by ICBOC?

1. **Certificates:** You are responsible for obtaining certificates of attendance/completion from external training providers. Certificates must be submitted for every completed training and must bear the following information: the name or logo of the training provider, your full name, the date (s) of the training, the training title(s) and number of training hours, and the signature of the training provider or facilitator. Certificates that do not indicate these information items are not accepted. When only the date(s) of training is/are indicated on the certificates, ICBOC grants 6.5 hours for each day of training.
2. **Declarations or affidavits:** If under special circumstances, you do not have access to or cannot acquire a certificate, ICBOC will accept a declaration on your employer's letterhead, from a person qualified to vouch for the training you have completed. This includes your employer/executive director, your supervisor, the human resources manager, training coordinator or manager. The declaration must mention your full name, the date(s) of the training, the training title(s) and number of training hours, as well as the complete and legible contact information of the qualified signatory.
3. **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
4. **Unofficial transcripts** are accepted for programs that have been partially completed.
  - The name of the institution, the student and the program must be documented on these transcripts.
  - **Please provide the internet link to the program** so that ICBOC can review the course descriptions. ICBOC might request from you a description of the courses completed.
5. **Proof of Conference training attendance/completion** If your training was completed in the context of a conference, please provide a certificate showing the title and hours for every session attended. Registration receipts, copy of conference program etc... are not accepted as proof of attendance and completion

[illegible]

## Supervisor's Evaluation Form (page 14 to 24)

**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 ensure your former supervisor completes it.

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 for certification as an Indigenous Community Support Worker at Level II. Applicants must have employment utilizing knowledge and skills in community support. **Please return the completed and signed form to the applicant.** If you prefer, **you can return it to the applicant in a sealed envelope.** Do not send it directly to ICBOC, as applicants need to submit this form with the rest of their 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:**

Counselling  % Case management  % Case Planning  % Referral  %

**IMPORTANT:** Please place a cross (x) in the box that most accurately reflects the applicant's 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				
Knowledge and Skills in the Continuum of Substance Use	1	2	3	4
Explains what substance use is ( <i>different types of addictions</i> )				
Identifies some of the factors that have an impact on both the substance use client and the client's family ( <i>stigma, background of family violence and cultural-historical factors</i> )				
Explains the concept of harm reduction				
Knowledge of epidemiological and psycho-social-cultural aspects of FASD in Indigenous communities				
Knows how FASD relates to trauma in Indigenous families and communities				
Knowledge of the link between FASD and the need to provide support for pregnant women				
Knowledge and Skills in Mental Health	1	2	3	4
Explains what is meant by mental health and mental illness and the difference between them				
Knowledge of concurrent disorders				
Knows how stigma, trauma and cultural and historical events impact clients with mental disorders				
Applies the above understanding in working with clients				
Knowledge of the social, economic, political, cultural and environmental factors that influence Indigenous mental wellness ( <i>social determinants of health</i> )				
Identifies groups that are more vulnerable and who require multiple supports and interventions				
Knowledge and Skills in Mental Wellness	1	2	3	4
Explains why a culturally relevant continuum of supports and services across the lifespan enhances the mental wellness of Indigenous individuals and families				
Defines a holistic, cultural approach to mental wellness				
Knowledge of the relationship between the gaps in the social determinants of health and Indigenous mental wellness				
Knowledge of Indigenous-specific perspectives on mental wellness				
Considers broader mental wellness issues to identify crisis response networks and approaches				
<b>Scores</b>				
<b>Total Score - Core Knowledge and Skills - this page</b>				
<b>Maximum Score - Core Knowledge and Skills - this page</b>				<b>68</b>

<b>Medications and Medicines</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Recognizes the difference between medications and traditional medicines ( <i>sources/administration</i> )				
Knowledge about common, frequently prescribed medications and possible adverse reactions				
Knowledge about different rights and responsibilities of proper medication administration.				
Understands why people use psychoactive drugs ( <i>what they derive from it</i> )				
Knowledge of the common psychoactive drugs and their effect on the brain and the body				
Describes/explains the three medications commonly used to treat opioid addiction				
<b>Human Development across the Lifespan</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to describe the key stages of development that all human beings experience				
Knowledge of the intergenerational effects/impact on Indigenous children and youth				
Ability to describe the different types of adverse Childhood Experiences (ACES)				
Ability to describe the child-parent relationship's influence on key aspects of child development				
Familiarity with adulthood development stages ( <i>early to late adulthood</i> )				
<b>Family Dynamics</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understands the importance of family, extended family systems, and communities, both as resources and potential clients				
Understands the socio-historical changes that have affected Indigenous family dynamics				
Explains the concepts of the family as a system with the potential to either support or undermine one's client				
Knowledge of Indigenous traditional and contemporary parenting approaches				
Knowledge of the socio-economic issues that affect Indigenous family relationships and structure today				
<b>Trauma-Specific Care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Appreciates and understands the link between trauma and Indigenous health outcomes				
Recognizes the importance of cultural awareness and safety in the early identification of trauma				
Recognizes the value of integrated and trauma-informed intervention as a critical component of care for Indigenous survivors of trauma.				
Recognizes why historico-cultural awareness is important to understand the impact of intergenerational trauma on Indigenous individuals, families and communities				
Appropriately appreciates, assesses, and incorporates trauma survivors' strengths, resilience, and potential for growth in trauma informed interventions				
<b>Self-Leadership</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Sets personal goals to achieve personal health and self-care ( <i>creating &amp; implementing a wellness plan</i> )				
Understands the role of emotional intelligence in facilitating thinking, regulating one's emotions and understanding the emotions of others for better relationships				
Strives to build self confidence to overcome barriers and to learn to accept own strengths and weaknesses				
Understands what causes stress and burnout and how to deal with them in a constructive way				
Acknowledges that one's own emotions and feelings influence what is said, done and thought				
<b>Health and Workplace Safety</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the types of safety hazards that can cause workers' injuries				
Knowledge of occupational health and safety law and workers' rights & responsibilities				
Knowledge of the potential impact on Indigenous communities from the legalization of Cannabis				
Knowledge of other forms of safety issues in the workplace ( <i>harassment, bullying, racism etc...</i> )				
Knowledge of the basic safeguards to protect oneself and others during a pandemic				
<b>Scores</b>				
<b>Total Score - Core Knowledge and Skills - this page</b>				
<b>Maximum Score - Core Knowledge and Skills - this page</b>				<b>124</b>
<b>Total Maximum Score - Core Knowledge and Skills</b>				<b>192</b>

GENERAL KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE					
Communication		1	2	3	4
<b>Active Listening</b>	Capacity to support others to express themselves				
	Demonstrates language and listening skills that respect cultural differences				
	Knowledge of the different communication styles & mannerism among Indigenous peoples				
<b>Verbal Communication</b>	Provides, solicits and receives feedback respectfully				
	Conveys ideas and facts orally using language that clients and others can best understand				
	Speaks to clients in their Indigenous language				
<b>Non verbal Communication</b>	Knowledge of non verbal means of communication				
	Uses non-verbal skills to create a supportive environment for clients				
<b>Reading</b>	Grasps the meaning of information and applies it to work situation				
<b>Written Communication</b>	Writes accurate reports with relevant information				
	Writes correspondence in a professional manner				
<b>Interpersonal Communication</b>	Reads and understands emotional, interpersonal and environmental cues and adjusts behaviour to obtain the desired outcomes				
	Adapts interpersonal style to match the needs of different and diverse individuals groups across a range of situations				
	Engages others and build mutual relationships of respect, honesty and interest				
<b>Technology</b>	Uses communication technology to convey messages and information				
Computer and Office Skills		1	2	3	4
Understands what a computer is and does					
Knowledge of terminology related to hardware components, operating system, other types of software and the basic functions of a computer					
Proficiency in the use of a computer hardware components, such as mouse, keyboard, ports, and monitor					
Proficiency with word processing and spreadsheet applications					
Proficiency in email box management					
Use the internet for work-related information research					
Financial Literacy		1	2	3	4
Knowledge of basic accounting concepts					
Knowledge of the importance of financial literacy in money management's decision-making					
Proficiency in developing spending plans					
Knowledge of banking services and their utilization					
Knowledge of debt management					
Applies personal knowledge in financial literacy to assist clients managing a budget					
Group Facilitation		1	2	3	4
Understands the principles and methods of group facilitation					
Explains the role of group intervention approaches when working with clients					
Knowledge of the primary characteristics of a range of group facilitation approaches					
Matches facilitation strategies to needs of groups					
Plans and sets up physical environments conducive to positive group interactions					
Monitor and assesses group dynamics in order to maintain a safe, productive environment					
Scores					
Total Score - General Knowledge and Skills - this page					
Maximum score - General Knowledge and Skills - this page					132



<b>Knowledge Building (Client/Community Education)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Assesses current knowledge, skills, education and information needs of clients, and develops plans to address these needs				
Assesses literacy, numeracy, physical or cognitive barriers to clients' learning				
Establishes a safe, shame and blame-free environment to assess client learning				
Uses client-centered learning approaches to enhance client understanding, knowledge and skills on a variety of health and wellness promotion/life skills topics				
Uses plain language, pictures and illustrations to promote health literacy				
Develops and delivers presentations and workshops that incorporate Indigenous approaches of adult/child learning				
<b>Conflict Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of sources and modes of conflict				
Awareness of conflict management strategies, approaches and practices				
Acknowledges own feelings and those of others and manages these feelings positively				
Identifies anger-provoking situations				
Recognizes when anger is or is becoming a problem				
Recognizes, mediates or resolves conflicts with or between others				
Uses experienced colleagues or supervisor's advice in conflict situations when needed				
Recognizes and deals with difficult people				
<b>Motivational Interviewing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Acknowledges that motivational interviewing as a counseling technique must first attend to the needs specific to cultural identity so that clients have a foundation of strength from which to draw motivation				
Knowledge of the stages and process of motivational interviewing				
Assists clients to maintain their motivation in the face of residual ambivalence				
Accepts that clients are free and responsible for making choices and stresses clients' autonomy and personal responsibility				
Provides a safe environment for disclosure and creative exploration				
Respects clients' competency, encourages ownership and enhances self-efficacy				
Recognises signs that the client may be ready to commit to implementing change				
<b>Community Development</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Acknowledges the needs specific to cultural identity, and ensures that individuals and communities have a foundation of strength from which to draw motivation				
Uses knowledge building and engagement as a strategy, so that communities reflect the needs of everyone for health and wellness				
Participate in community engagement, strategic visioning, research consultations and provides input on issues affecting people				
Supports health and social programs and services for effective Indigenous community development				
Supports Indigenous consultation principles and the interconnectedness of political, economic, natural, human and social capital actions and investments for community development and Indigenous wellness.				
Supports the goals of Community-Driven Development (CDD) in the context of community support work				
Knowledge of Asset-based Community Development (ABCD) as a strength-based community engagement strategy				
Knowledge of the Photovoice concept, its process and purpose in community development				
<b>Scores</b>				
<b>Total Score - General Knowledge and Skills - this page</b>				
<b>Maximum score - General Knowledge and Skills - this page</b>				<b>116</b>

<b>Social Determinants of Health</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the key Indigenous social determinants of health				
Knowledge of the multiple challenges related to the gaps in the Indigenous social determinants of health				
Knowledge of the concept of "human capital" ( <i>aspects of health indicators, mental wellness, volunteerism, social inclusion, education, employment and community engagement</i> )				
Knowledge of the impact of the housing situation In Nunavut on Indigenous families				
Knowledge of the relationship between Indigenous mental health and the gaps in health services in Nunavut				
Uses Indigenous-specific indicators on the social determinants of health to promote community support				
<b>Policies and Research</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the health and other policies that are applied at the place of work				
Understands the development process of public health policy ( <i>phases and steps</i> )				
Uses relevant current statistical information ( <i>social demographics, trends, health indicators, economic indicators, etc.</i> ) in community support work				
Supports the need for collaborative input in planning, developing and evaluating policies that addresses issues a community is experiencing.				
Knowledge of current Indigenous health and social research initiatives on social health indicators				
Knowledge of major national strategies linked to Indigenous health and wellness				
Exercises fairness and good judgment in the application of diversity principles and policies				
<b>Scores</b>				
<b>Total Score - General Knowledge and Skills - this page</b>				
<b>Maximum Score - General Knowledge and Skills - this page</b>				<b>52</b>
<b>Total Maximum Score - General Knowledge and Skills</b>				<b>300</b>
<b>KNOWLEDGE AND SKILLS IN THE CORE FUNCTIONS OF A CICSW AT LEVEL II</b>				
<b>Prevention/Health Promotion</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of best practice models and key concepts of prevention and health promotion				
Promotes awareness of prevention activities and encourages individuals, youth, families and communities' engagement through holistic outlets ( <i>arts, sports, dancing, drumming, beading, tattooing</i> )				
Applies prevention & health promotion efforts that are tailored to Indigenous culture, context and needs				
Uses a problem solving approach to provide assistance and support that promotes the physical, emotional/psychological, social and spiritual health and wellbeing of individuals and their families				
Participates in developing substance use prevention and health promotion activities				
Educates clients on life skills conducive to wellbeing ( <i>managing personal finances</i> )				
Practical knowledge and skills linked to presentations, workshop development and delivery on prevention and health promotion topics to a variety of audiences				
<b>Intake and Early Intervention</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Proficiency with data gathering tools related to admission ( <i>forms, filing procedures</i> )				
Uses questions and information exchange as an effective means of fostering an open dialogue				
Uses non-confrontational motivation and negotiation skills to engage clients in explorations of their present situations and concerns				
Identifies, intervenes with, and supports those who are either at risk of developing a substance use issue or who are currently engaged in problematic or risky behaviours.				
Uses targeted prevention when appropriate ( <i>with specific populations showing early signs of a substance use issue or at risk of developing a problem</i> )				
Uses protocols to gather and store personal client information ( <i>confidentiality policies/regulations, clients legal rights</i> )				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>52</b>

<b>Screening, Assessment and Evaluation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge and understanding of the role of screening				
Proficiency with culturally-relevant and safe screening, assessment and referral tools adapted to the needs of community				
Proficiency in interpreting the results of screening				
Knowledge of the role of assessment as a component of a culturally safe client-centered plan				
Knowledge of the relationship between screening and assessment and their link to other processes and services provided to Indigenous clients				
Uses assessment as an ongoing process to evaluate client progress and to provide a rationale for changing the treatment plan as necessary				
Proficiency in interpreting assessment results				
Identifies signs of crisis during screening and assessment				
<b>Care Planning</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Develops, evaluates and adjusts care/treatment plans as appropriate				
Knowledge of treatment approaches and long range rehabilitation processes				
Translates assessment information into treatment plans with clear goals and outcomes				
Knowledge of the steps in the Evidence Based Process (EPB) and ability to use and promote effective, proven traditional practices				
Supports collaborative development of treatment plans based on screening and assessment findings, and ensures that activities and resources reflect the client's needs, strengths and goals.				
Knowledge of the SMART goal setting approach to care planning				
Ensures clients' plan of care promotes thinking and behaviors that encourage the clients' progress towards wellness.				
Collaborates with clients to integrate results of consultations or referrals in clients' treatment plans				
Knowledge of methods to assess client's progress toward treatment goals				
<b>Case Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Focuses on genuinely understanding the unique nature of each client's situation and perspective				
Knowledge of how case management is related to screening, assessment and treatment planning				
Shares evaluation findings with clients and their families and works through their reactions and/or resistance to this evaluation				
Knowledge of various treatment or care processes, their strengths and limitations				
Proposes treatment recommendations based on information obtained from relevant instruments ( <i>screening and assessment results</i> ) and that match treatment to clients needs, ability and preferences ( <i>including clients legal rights</i> )				
Knowledge of and skills in goal setting, contracting, and problem solving				
Collaborates with clients, their families and social supports concerning case management recommendations and activities				
Incorporates the social determinants of Indigenous health that can influence the risk-level for the individual or family				
Has experience with diverse cultures and incorporates the needs of culturally diverse groups, including people with disabilities, into case management practice				
Regularly reassesses clients situation and collaborates with them to adjust goals, plans and care				
Acknowledges the necessity of the admission, discharge, treatment and referral processes to increase the likelihood of clients understanding and follow-through				
Ensures case management has access to community-based and technology-based models of peer support				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>116</b>

<b>Supportive Counselling</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Establishes rapport and raise the self awareness of clients, prior to gaining their cooperation in initiatives aimed at learning and behavioural change				
Knowledge of counselling approaches that encourages clients to make links between attitudes, thoughts and behaviours that are healthy versus unhealthy				
Knowledge of Indigenous approach to emotional supportive counselling ( <i>supporting a client through an emotional time in life</i> )				
Demonstrates understanding of clients circumstances and ensuring they are motivated to change, are stable and grounded before they leave ( <i>by adopting a non-judgemental attitude, providing brief opportunities for emotional relief, offer reassurance and encouragement</i> )				
Adapts and applies a range of evidence-informed counselling styles, techniques and methodologies that meet each client's unique needs and improve their overall well-being ( <i>individual, family counselling, group, vocational counselling</i> )				
Uses a problem solving approach to provide assistance and support that promotes the physical, emotional/psychological, social and spiritual health and wellbeing of individuals and their families				
Takes into consideration the effect of illness-induced behaviour, stress and disability on clients and family relationships				
Knowledge of counselling challenges like aggression and suicide ideation				
Support individuals in using harm reduction approaches until they are ready for, and accepted into, detox, treatment and concurrent disorder programming				
Uses evidence-based principles and practices for creating motivation for change, respecting client's stage, pace and place in the change process				
Provides clients with opportunities for motivated action and, where appropriate, offers ideas and suggest modified approaches to address specific issues				
Encourage and educate clients on the use of appropriate cultural practices				
<b>Aftercare</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the type of information a discharge plan should includes				
Develops aftercare plans based on clients' assessment report				
Processes aftercare plans, networks with community services and acts as an outreach/liaison person with communities				
Collaboration with clients to develops their discharge and aftercare plan				
Establishes flexible continuing care programming focused on the needs of individuals and families identified in their discharge plans				
Matches clients' unique needs and life challenges to appropriate aftercare/support options				
Networks with other professionals and agencies from the communities to respond to clients' aftercare programming needs				
<b>Outreach</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of what outreach is and the role it plays in prevention, early intervention and treatment				
Knowledge of where marginalized populations are likely to be found locally and how they are served				
Presents her/himself in a manner that promotes approachability, professionalism and credibility				
Creates rapport with potential and existing outreach clients by interacting with them in their preferred setting and acts in a manner appropriate to that setting				
Collaborates with each outreach client in order to identify individual needs and assess the general needs of the outreach population				
Interact with outreach contacts with sensitivity to avoid triggering negative or potentially dangerous responses				
Engages and creates rapport with other outreach workers in the community				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>104</b>

<b>Program Delivery</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understands the community support program vision, mandate and structure				
Understands and applies established program policies, procedures, tools and performance requirements				
Knowledge of general financial and accounting principles and practices that affect operations				
Promotes the use of a client's language in service delivery				
Anticipates and identifies clients' needs in order to maximize clients' satisfaction				
Provides appropriate support to group facilitators ( <i>space bookings, space rental, group set-up, refreshments, cleaning services and promotional activities</i> ) in order to support programming				
Sources and coordinates the delivery of materials and supplies for facilitated activities ( <i>drafting and preparing workshop activity agendas, handouts or workbooks; ordering and receiving country food for activities; purchasing, organizing and storing materials</i> )				
Receive supplies, equipment, materials and inventory for the use in outreach activities ( <i>clothing donations, toiletries, printed brochures, condoms or other basic needs</i> )				
Knowledge of established organizational procedures and protocols regarding the storage, distribution and documentation of over-the-counter or prescription medications				
Ability to coordinate program/service delivery that includes cultural practices				
Ability to analyze current program delivery processes and to recommend improvements,				
<b>Crisis Response</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge and understanding of what constitutes a crisis and ability to recognize a client in crisis				
Knowledge of the risk factors, signs and symptoms associated with suicide and other self-harms				
Ability to monitor factors, such as medications, that might contribute to a client's crisis				
Recognizes when a client, family or community is in an unstable, risky, dangerous or potentially dangerous situation.				
Establishes a physically and emotionally safe environment for each client in crisis, based on that client's unique needs				
Identifies risks, develops and implements risk management plans with clients and their supports to prevent immediate harm				
Collaborates with clients and their families to assess and improve their coping skills in times of crisis				
Notifies more senior professionals or relevant services and support systems if risk factors, signs or symptoms appear to be present in a client				
Knowledge of principles guiding community crisis-related planning, prevention, response, and recovery				
Knowledge of culturally relevant and strength-based protocols to observe following a family or a community traumatic event				
<b>Networking</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Establishes relationships with community members and community stakeholders in a collaborative and culturally sensitive fashion				
Networks with relevant organizations ranging from government to not-for-profit organizations and for profit business, to advance community support and development activities				
Establishes and nurtures constructive relationships, based on shared needs and common areas of interest, with a broad range of internal and external services and supports,				
Uses networking relationships to enhance the range and efficiency of community support services				
Maintains contacts with people in other areas of the organization work or in different organizations, when this can lead to useful sources of information or resources.				
Attends meetings and social events to continually solidify and grow his or her network				
Accompanies senior staff in attending community events and meeting members of the community				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>112</b>

<b>Referral</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the primary health care, mental health or crisis response options for client referrals across the urban and/or Northern Indigenous Nunangat ( <i>hot lines, police services, ambulance, shelters, mental health, primary health care, detox treatment, social services</i> )				
Knowledge of ( <i>and access to</i> ) community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Values Indigenous healing practices and cultural activities, while maintaining formal links to mainstream health or addiction services in a seamless manner				
Establishes and maintains relations with civic groups, agencies, other professionals, governmental entities, and the community at large to expand community referrals resources and help address unmet clients' needs				
Exchanges relevant information with the agency or professional(s) to whom the referral is being made in a manner consistent with confidentiality regulations and professional standards of care				
Knowledge of Indigenous traditional counselling supports and services to support physical and mental wellness, including co-facilitation or leading programs and activities with Elders				
Commitment to support access to cultural services for all clients ( <i>pathfinding to link the individuals to supports and services</i> )				
Differentiates between situations in which it is more appropriate for the client to self-refer to a resource and those in which counselor referral is required				
Continuously assesses and evaluates referral resources and outcomes to determine their appropriateness and effectiveness				
Familiarity with the philosophy and process of recognized and accepted self-help/support groups ( <i>AA, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, etc...</i> )				
<b>Advocacy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the social, political, economic, and cultural barriers to the well-being of individuals and vulnerable groups				
Knowledge of the stakeholders, partners, allies and collaborators involved in local advocacy efforts related to gaps in services, activities and initiatives that affect individuals and families				
Initiates discussion and advocates for clients with network partners, including publicly funded systems, to foster a culture-based vision that will reduce secondary harms				
Supports the provision of culturally sensitive and relevant services to individuals in places where those services do not exist ( <i>Indigenous communities or hard to reach populations</i> )				
Guides individuals so they may access available funding for culturally-based programs, activities or prevention services across a range of health and social issues				
Supports the dignity, uniqueness and fair treatment of clients, their families and support network				
Supports and mentors youth advocacy, aimed at health promotion and substance use prevention in the community				
<b>Teamwork</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Involved in working in a community-centred and multi-disciplinary team				
Understands terminology, procedures, and roles of other disciplines in community support work				
Uses questions and information exchange as an effective means of fostering an open dialogue				
Credits individual contributions and acknowledges team accomplishments				
Summarizes and shares client's personal and cultural background, care plan, progress, and challenges to foster multidisciplinary quality of care, gain feedback, and plan necessary changes				
Establishes and maintains collaborating relationship with clients, family members, co-workers and external colleagues				
Demonstrates respect and non-judgmental attitude toward clients in all contacts with community professionals and agencies.				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>96</b>

<b>Leadership</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the different types and styles of leadership, their key characteristics and values				
Uses a personal style of leadership based on Indigenous cultural values				
Knowledge of the basic steps in decision-making and problem-solving				
Knowledge of what accountability is and its impact on work performance and responsibilities towards employers and organisations ( <i>as a community support worker</i> )				
Makes decisions after analyzing information from a wide range of sources				
Contributes to the development of program vision, mission, objectives, policies and strategies				
Recognizes the role of Peer Support Workers to provide guided supportive counselling to individuals from an experiential lens and monitors training and ethical boundaries				
Participates in interagency committees and professional associations to collaboratively achieve prevention and health promotion goals				
Establishes priorities for self and others				
<b>Record Keeping and Documentation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of internal protocols, technological tools and regulations applicable to client record administration and monitoring				
Prepares required documentation ( <i>assessment, discharge and referral reports</i> ) with sufficient clarity, accuracy and level of detail				
Explains and provides justifiable accounts of facts, issues, data and clinical reports				
Respects privacy in dealing with clients and/or their families and in handling sensitive information				
Creates and maintains accurate, up-to-date, comprehensive client records able to withstand legal scrutiny.				
Analyzes and summarizes information to write reports that address sensitive issues				
Provides case management and information sharing services anchored in culturally safe practices				
Recognizes the potential impact of sensitive information being communicated and apply client rights to privacy and confidentiality in the preparation and handling of all records				
<b>Scores</b>				
<b>Total Score - Core Functions of a CICSW at level II - this page</b>				
<b>Maximum Score - Core Functions of a CICSW at level II - this page</b>				<b>68</b>
<b>Total Maximum Score - Core Functions of a CICSW at level II</b>				<b>548</b>
<b>PROFESSIONALISM</b>				
<b>Professional Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Treats all clients with respect, irrespective of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any other basis				
Respects the ethical conduct guidelines, policies, and regulations at the place of work				
Knowledge of the Indigenous values/teachings guiding personal and profession conduct in relationships				
Knowledge and respect of the legal rights of clients				
Implements privacy policies and regulations in dealing with clients and/or their families and in handling sensitive information				
Maintains the confidentiality of all clients records, materials and communications				
Communicates openly, builds trust and confidence, and treats other professionals and community groups fairly, ethically and as valued allies				
Demonstrates respect and non-judgmental attitude toward clients in all contacts with agencies as well as with community and other professionals				
Communicates truthfully, avoids misleading or unreasonable expectations in others				
<b>Scores</b>				
<b>Total Score - Professional Integrity - this page</b>				
<b>Maximum Score - Professional Integrity - this page</b>				<b>36</b>



Life Skills in support of professional practice	1	2	3	4
Demonstrates a genuine interest toward clients, relates with clients by creating a warm, compassionate, healthy and respectful environment				
Acknowledges own professional and personal strengths and limitations				
Pursues own personal and professional development in order to enhance and maintain professional competence				
Demonstrates sensitiveness regarding the impact of own behavior on others				
Demonstrates assertiveness, stands up for oneself and other people				
Shows resilience when coping with challenges and treats them as learning opportunities				
Thinks creatively about issues/challenges and finds new solutions or generates new ideas				
Articulates both sides of an argument calmly, remains impartial and seeks a positive resolution				
Assesses information carefully and understands its relevance before making decisions				
Knowledge of quantitative and qualitative data collection methods				
Knowledge of the impact of research outcomes on Indigenous communities				
Knowledge of job readiness process				
Identifies tasks and activities and adjusts priorities to ensure that high-priority work is accomplished within required timelines				
Manages and respects required work schedules, attends professional meetings and appointments in a timely manner				
Scores				
Total Score - Life Skills - this page				
Maximum Score - Life Skills - this page				56
Total Maximum Score - Professionalism				92
CULTURAL COMPETENCE AND SAFETY				
Cultural Knowledge, Skills and Attitudes of a CICSW II	1	2	3	4
Knowledge of Indigenous views, and approaches related to family and community' health and wellness				
Understands the intergenerational relationship between colonization and oppression and the current gaps in Indigenous social determinants of health				
Comprehends the centrality of Indigenous culture in the healing process and understands the diversity of Indigenous expression of culture				
Understands the healing value of Indigenous traditions and cultural/spiritual ceremonies				
Understands that not all Indigenous individuals have access to or have a connection to their cultural identity and may not initially be aware of or interested in culturally specific supports				
Understands how issues of diversity may affect the delivery of respectful and appropriate services				
Commitment to promote the role of culture as a part of a continuum of services				
Commitment to support and assist client participation in cultural aspects of spiritual recovery based on age and gender, traditions and values				
Commitment to become better informed on cultural interventions and practices.				
Ability to recognize the linkages in the continuum associated with Indigenous resilience and other Indigenous cultural protective and predisposing factors.				
Fosters the involvement of Elders to provide cultural guidance				
Knowledge of the concept of cultural humility				
Commitment to promote cultural awareness and safety when collaborating with service providers				
Scores				
Total Score - Cultural Competence and Safety				
Maximum Score - Cultural Competence and Safety				52
GRAND TOTAL – APPLICANT SUPERVISOR'S EVALUATION (will be calculated by ICBOC)				



### Supervisor's Reference

Please comment on the following

Moral Character \_\_\_\_\_

Professionalism \_\_\_\_\_

Commitment to provide highest quality of service \_\_\_\_\_

Please provide other reference information for this applicant in the space below

Name of employing Organization \_\_\_\_\_

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

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

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

## Employers<sup>2</sup> Declaration - Applicants Criminal Record Checks

The Indigenous Certification Board of Canada 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: \_\_\_\_\_

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<sup>2</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

In support of an application for certification as a Certified Indigenous Community Support Worker at Level II

NAME OF APPLICANT: \_\_\_\_\_  
To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Community Support Worker at level II** 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 (3) years.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you prefer**, 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. Community/Volunteer Related Activities \_\_\_\_\_  
\_\_\_\_\_
7. Other Remarks \_\_\_\_\_  
\_\_\_\_\_

Name of Referee \_\_\_\_\_  
Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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.

## Professional letter of reference

**In support of an application for certification as a Certified Indigenous Community Support Worker at Level II**

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

To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Community Support Worker at level II** 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 one (1) year.** The referee must not be a relative. A glossary of terms has been provided to assist you. **If you prefer**, 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. Community/Volunteer Related Activities \_\_\_\_\_

7. Other Remarks \_\_\_\_\_

\_\_\_\_\_

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

Please print

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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

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.

## Consent Form

### Consent for the release of information

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

hereby consent to and authorize 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 Community Support 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. If you prefer or is more appropriate, you can submit the code of Ethics applicable in your current place of work. **However, this alternative code of Ethics will only be accepted if it you ensure you submit it with your name, a date and your signature provided at the end of the document.**

- Maintain a healthy lifestyle during your tenure as an Indigenous Certified Community Support professional.
- Strive to incorporate spiritual teachings into your daily life.
- 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 all clients.
- Show a genuine interest in helping and serving persons and communities affected with health and social 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 clients and, where necessary, the utilization of other health professionals and/or services to assist and guide their recovery and wellness.
- Insure the safety and welfare of clients by using Indigenous values that guide them towards a greater sense of identity, belonging, empowerment, resilience and wellbeing
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in clients’ 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) or [admin@icboc.ca](mailto:admin@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/community-support-fees/>