

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF CERTIFIED INDIGENOUS ADDICTIONS PREVENTION SPECIALISTS LEVELS I, II, III**

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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 Addictions Prevention Specialist**. This package contains all the forms you need to apply for this certification.

Please ensure that you have thoroughly checked the Summary of Standards and Requirements posted that corresponds to your certification application, and submit your proofs of training in the required topics and hours. The summaries and application packages are available on the ICBOC website at <http://icboc.ca/certification/icboc-certifications/>

Once 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.

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

**Reminder:** If you are applying as a clinical supervisor at the same time as this certification at level III, please also consult and complete the Certified Indigenous Clinical Supervisor Certification Specialized in Addictions (CICSA) application package. Please note that two set of fees will be charged for these simultaneous applications.

### PLEASE KEEP A PHOTO COPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES.

If your supervisor and your referees wish to keep their references confidential (including the supervisor's evaluation), please provide them with an envelope (none are included in the application package) with the following information printed on the front.

**Example:** for a letter of reference the information on the outside of the envelope should bear the following information: Letter of Reference for ..... (write your first and last name)

Your application materials will first be received, logged, dated and filed by our Administrative Coordinator. Your application file will be passed on to our Registrar for review **only when the complete package, including the cheque or money order (payable to the Indigenous Certification Board of Canada or ICBOC) has been received.** Be sure to include your return address on the outside of the envelope containing your application package.

**IMPORTANT:** You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any future change of address.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free 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 31. **Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://www.icboc.ca)).**

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Educational Qualifications Form
	Declaration Verifying an Applicant's Alternative Learning/Training
	Copy of your Certificates or Diplomas from Educational Institutions
	Copy of your Transcripts with Number of Course hours for Each Course
	Photocopy of the Certificates Documenting any other Trainings you have Completed (contact ICBOC to verify what will constitute proof of training other than certificates)
	Practicum/Internship Report (if applicable)
	Current Comprehensive Job Description
	Supervisor's Evaluation Form
	Letter of Reference #1 - Personal Reference
	Letter of Reference #2 - Professional Reference
	Employers' Letter of Declaration Regarding Applicants' Criminal Record Checks
	Consent Form ( <i>Release of information</i> )
	Completed and Signed Personal Wellness Plan
	Dated and Signed Code of Ethics
	Payment of the Certification Fee*, in the form of a Cheque or Money Order, payable to the <b>Indigenous Certification Board of Canada</b> or <b>ICBOC</b>

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

All of the required forms that make up the application package must be received as **one complete package** in order for the Registrar to process your application. Please keep the originals of your certificates, as well as a copy of the other documents in your application for your own records.

If you require more information or assistance, please contact the ICBOC office at 604-874-7425, Toll Free 1-877-974-7425 or by email at [registrar@icboc.ca](mailto:registrar@icboc.ca) or [admin@icboc.ca](mailto:admin@icboc.ca)

The address to submit your application is provided on page 31

## Personal information

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

APPLICANT'S FULL NAME \_\_\_\_\_  
First Middle Last

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 \_\_\_\_\_

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

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 a Certified Indigenous Addictions Prevention Specialist enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This "Code of Ethics" defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

I certify that I have no history of alcohol or other substance misuse for a minimum period of three (3) years immediately prior to making this application.

To the best of my knowledge, the information contained herein is true and correct.

I authorize members or representatives of the ICBOC to contact and obtain information from any references, employers or educational institution(s) deemed necessary in the evaluation of this application.

I waive my right to inspect the results of any such inquiries made to references, employers, or educational institutions. I waive my right to inspect any letters of endorsement or personal reference. I waive my right to inspect the record of deliberations of the Board in considering this application.

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

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

**Employment history**

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 employer or supervisor

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Addictions Prevention Specialist 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 a Certified Indigenous Addictions Prevention Specialist. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

Name of employing organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Employer/Supervisor (Print) \_\_\_\_\_

Professional title: \_\_\_\_\_

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 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 and applicant's alternative learning/training**  
**INSTRUCTIONS FOR COMPLETING THE DECLARATION ON PAGE 11**

**What is 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 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, 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.

**IMPORTANT**

- Please carefully read, use and complete the form below and/or any copies you submit exactly as instructed, or it/they will not be accepted.
- **Please complete one copy of the form page 11 below per situation** (but you can make photocopies of each form corresponding to a given situation if you need more space).
- You can make photocopies of each form corresponding to a given situation, if you need more space.
- **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.** If you attended in-house or other trainings in other formats, but provided by **external facilitators**, please 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 and 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 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, but provided by external facilitators, please use and complete the form on page 13.
- You are responsible for requesting and obtaining certificates from external them, 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, during the course of your work schedule.**

**Situation 3.** **Training you have yourself delivered in-house to your colleagues, your clients or the public.** In this case, please also submit both a copy of the training session description, including the title, learning objectives, content description and agenda.

<b>Name of applicant</b>			
<b>Under which particular situation are you listing the training/learning</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>	
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.			
<b>DECLARATION</b>			
I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.			
Name of qualified person _____			
Signature of qualified person _____			
Date _____		Telephone # _____	
Year	Month	Day	

## Training provided by external providers INSTRUCTIONS FOR COMPLETING THE FORM ON PAGE 13

The form page 13 is to document training that you have completed and that was delivered by external providers.

### Who Are Considered External Providers?

- Trainers/facilitators that are invited to your place of work or to your community to deliver training. Both of these training format are considered in-house training. but you must use the form page 13 to list these trainings and submit the required proofs.
- Facilitators, presenters or instructors who delivered the training you completed outside of your place of work or community

### Types of trainings delivered by external providers

- **In-house training**

Training delivered in your place of work or in your community are considered in-house training. But you must use the form page 13 to list these trainings and submit the required proofs.

- **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, webinars, including those delivered by independent trainers or in the context of conferences (online or classroom based)

### 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 the 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 of 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

**TRAINING PROVIDED BY EXTERNAL PROVIDERS FORM**

<b>Applicant's name</b>			
1. Write in this column where/how the training was delivered ie. In-house, university, college, conference, informal, online 2. Please check this column only if you are providing a certificate, employer's declaration/affidavit or transcripts in support of external trainings 3. Photocopy this page if you to list more trainings			
How/Where	Title of training (as indicated on certificate)	Hours	Proof
<b>TOTAL HOURS</b>			
<b>Please check the Summary of Standards and requirements corresponding to the certification you are applying for and provide proof of required training hours in these mandatory topics</b>			
Residential School issues, RCAP			
Truth and Reconciliation			
Decolonization			
Sixties Scoop			
Jordan's Principle			
<b>TOTAL HOURS SUBMITTED</b>			

## Supervisor's evaluation form (page 14 to 20)

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

NAME OF APPLICANT: \_\_\_\_\_  
To be filled in by 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 a Certified Indigenous Addictions Prevention Specialist. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: \_\_\_\_\_

**Please indicate the percentage of time the applicant spends on the following during a week of work:**

Early Identification  %    Brief Intervention  %    Outreach  %    Prevention Education  %

**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 in addictions and mental wellness	1	2	3	4
Knowledge of different forms of addictions				
Knowledge of the signs and symptoms of psychoactive chemical problems.				
knowledge of the effects and interactions of psychoactive chemicals that lead to dependence or addiction: physically, mentally, spiritually and emotionally				
Knowledge of processes of recovery, including western and traditional models				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge on how to recognize the signs and symptoms of mental health problems, provide initial help, and guide a client towards appropriate help				
Knowledge regarding the development of the individual through the stages of life				
Knowledge of the effects of alcoholism and other chemical addiction related problems influencing the Indigenous adolescent				
Knowledge of the impact of intergenerational trauma				
Knowledge of the psychological and cultural aspects of recovery				
Knowledge of ceremonial practices promoting healthy lifestyles				
Knowledge of the cultural elements that support mental wellness and are necessary for healthy individual, community and family life				
Knowledge of the Social determinants of health that are critical to supporting and maintaining wellness				
Knowledge of the relationship between colonialism and mental Health				
Knowledge of the Indigenous ways of knowing and understanding mental health				
<b>Scores</b>				
<b>Total score - knowledge in addictions and mental wellness</b>				
<b>Maximum score – knowledge in addictions and mental wellness</b>				<b>60</b>

<b>Counselling knowledge and skills</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of addictions counseling theories and practice					
Knowledge of Indigenous cultural guiding principles or teachings related to counselling					
Ability to establish and maintain genuine, warm, respectful, and empathic therapeutic relationships					
Knowledge of counselling techniques that can be used with a range of clients and situations					
Able to use counselling models and techniques to educate and facilitate self-understanding					
Knowledge of the concept of brief counselling					
Ability to adapt a brief intervention according to the client's level of consumption and using profile					
Knowledge of the basic steps in Brief intervention					
Capacity to define the concept of early intervention					
Understands the role brief intervention/counselling plays in motivating behavioral change					
Skills and effectiveness in individual counselling					
Skills and effectiveness in group counselling					
Skill and effectiveness in couple counselling					
Skill and effectiveness in youth counselling					
<b>Scores</b>					
<b>Total scores - Counselling knowledge and skills</b>					
<b>Maximum Score - Counselling knowledge and skills</b>					<b>56</b>
<b>General Knowledge and Skills in support of professional practice</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Communication</b>					
<b>Active Listening</b>	Supports others to express themselves				
	Capacity to pay full attention to what is being shared				
	Capacity to remember what was said				
<b>Verbal</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</b>	Is aware of non verbal means of communication				
	Use non-verbal skills to create a supportive environment for clients				
<b>Reading</b>	Grasps meaning of information & applies it to work situation				
<b>Written</b>	Writes accurate reports with relevant information				
	Writes correspondence in a professional manner				
<b>Digital</b>	Knowledge of social media tools				
	Ability to leverage digital devices and social media to communicate information to various audience				
<b>Scores</b>					
<b>Total score - Communication</b>					
<b>Maximum score - Communication</b>					<b>52</b>

General knowledge and skills in support of professional practice (ctnd)	1	2	3	4
<b>Group facilitation</b>				
Knowledge of the role of group facilitation				
Capacity to understand a group's desired outcome				
Ability to design and plan group processes, and select appropriate tools to lead the group towards that outcome				
Ability to foster an atmosphere conducive to learning and to sharing ideas				
Ability to use creative approaches and techniques to encourage participation				
Explains the process of a healing or sharing circle as a methodology for group facilitation				
<b>Conflict management (resolution/mediation)</b>				
Knowledge of various forms of conflicts and violence				
Ability to assess signs of aggression and when there is a danger for others				
Knowledge of conflict management approaches and practices				
Experience with conflict management				
Knowledge of resources to call on in situation of conflict				
<b>Scores</b>				
<b>Total score – Group facilitation and Conflict management</b>				
<b>Maximum score – Group facilitation and conflict management</b>				<b>44</b>
<b>Maximum score - General knowledge and skills in support of professional practice</b>				<b>96</b>
Knowledge and skills in the core functions of a CIAPS	1	2	3	4
<b>Screening and assessment</b>				
Knowledge and understanding of the role of screening				
Knowledge of culturally appropriate screening methods, tasks and tools				
Capacity to interpret the results of screening				
Ability to identify an individual and/or a family's protective factors that may inhibit substance abuse in the presence of risk				
Knowledge of culturally appropriate assessment methods, tasks and instruments				
Ability to interpret assessment results and provide motivational feedback to clients				
Ability to use assessment results to provide customized prevention interventions/services				
Knowledge of and ability to use trauma informed assessments methods and tools				
Ability to assess a person's readiness and motivation for treatment				
Ability to identify a single, measurable behavioral change from the broad process of a client's recovery				
Ability to recognize potential for self-inflicted harm or suicide				
Ability to address potential barriers to participation in lifestyle changes				
<b>Scores</b>				
<b>Total score – Screening and assessment</b>				
<b>Maximum score – Screening and assessment</b>				<b>48</b>



<b>Knowledge and skills in the core functions of a CIAPS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Case Management</b>				
Ability to collaborate with Elders or cultural practitioners for services and case consultation				
Understands the role of case management in the context of addiction prevention and wellness promotion program delivery				
Ability to support clients with community-centred, case management approaches involving multi-disciplinary teams				
Provides case management and information sharing services that are grounded in culturally safe practices				
Ability to endorse and support case management that focuses on a comprehensive approach to health				
Uses a range of culturally based case management approaches that target unique community needs and challenges				
Capacity to act as liaison between professionals and services involved in providing care to addicted clients and their family				
<b>Health promotion and prevention education</b>				
Understands Indigenous concepts of health, health promotion and prevention education				
Understands the role of early intervention and education in fostering healthy lifestyles				
Ability to work middle school-and high school-age youth				
Maintain knowledge of and good working relationships with schools, youth organizations, and community agencies focused on youth services				
Knowledge of health promotion strategies ie. health education, advocacy, lobbying, media campaigns, community development processes, policy development, legislation				
Ability to prioritize, plan, design, develop and coordinate appropriate health promotion and prevention education activities appropriate to various audiences' needs/level of awareness				
Promotes the use of First Nations languages in all print materials and elsewhere as appropriate				
Ability to establish appropriate partnerships with relevant organisations and agencies within and outside the health sector and facilitate collaborative action				
Ability to collaborate with local and community media outlets to promote prevention and health promotion awareness and education activities				
Ability to develop prevention and health promotion education support materials (presentations, pamphlets, posters and other audio-visual materials);				
Ability to model healthy behaviours and values				
<b>Prevention program/intervention planning and evaluation</b>				
Familiarity and experience with individual, family and community issues needing to be addressed through health promotion and prevention programs or interventions				
Ability to collect and uses information on cultural indicators to assess community needs				
Ability to build an evidence base demonstrating how traditional ways enhance the efficiency and effectiveness of the healing process				
Consults with elders and stakeholders to ensure that plans for prevention programs and interventions are culturally relevant and match their needs, readiness, preferences and goals				
Ability to develop plans for prevention programs/interventions reflecting a continuum of care that includes cultural supports				
Ability to develop and evaluate prevention plans that respond to complex community needs				
<b>Scores</b>				
<b>Total score – this page</b>				
<b>Maximum score – this page</b>				<b>96</b>

<b>Knowledge and skills in the core functions of a CIAPS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Referral</b>				
Supports access to cultural services for all clients				
Uses culturally relevant screening and assessment tools (addressing strengths and needs related to mental wellness, emotional wellness, physical wellness, spiritual wellness and connectedness to cultural identity) to facilitate referral				
Knowledge of community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to familiarize service providers with the range of cultural services available				
Ability to coordinate community efforts to ensure that referrals are made to only specialized services that respect the clients' cultural practices.				
Capacity to respond to complex client needs using culturally based supports and appropriate referral networks				
Follows-up with referral providers to ensure client are getting the service they need				
<b>Community engagement</b>				
Knowledge of the historical and current impacts of colonial policies on Indigenous families and communities				
Knowledge and understanding of community cultural protocols in particular those related to communication with Elders				
Knowledge of issues in the current Indigenous community systems				
Capacity to carry out successful community mapping/assessment				
Ability to identify both community capacity-building needs and strengths				
Capacity to facilitate meetings leading to the development of a meaningful vision, mission, goals, objectives, group process, documentation and communication cycle				
Ability to build consensus and resolve disputes to create trust				
Knowledge of culturally relevant and appropriate participatory approaches that enhance community engagement				
Understanding of culturally resonant empowerment approaches that encourages a process of social change				
Ability to help communities form organizations and mobilize resources				
Knowledge and skills in communications, public and media relations				
<b>Crisis management</b>				
Ability to describe the challenges Indigenous peoples face, including Canada's history of colonization and systemic racism, in planning engagement strategies for addressing a crisis				
Ability to affirm strengths and promotes capacity building at the individual, family and community levels				
Knowledge of community resources and supports able to assist with the management of a crisis				
Ability to involve a range of partners (e.g., primary health care, police and parole services, child and family services, income support services, justice system, housing, and education) to focus crisis intervention on relevant social determinants of health				
Knowledge and ability to apply appropriate counseling techniques for individuals in crisis				
Personal ability to solve problems promptly and to stand up to long-lasting stress				
<b>Scores</b>				
<b>Total score – this page</b>				
<b>Maximum score – this page</b>				<b>96</b>

<b>Knowledge and skills in the core functions of a CIAPS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Advocacy</b>				
Ability to identify the social, political, economic, and cultural factors that impact Indigenous families and communities				
Knowledge of the barriers to the well-being of Indigenous individuals, families and communities				
Ability to identify gaps in services that clients' need				
Ability to assist clients and their families to seek and obtain the services they need				
Develop alliances with groups working for change and explore what has already been done to address the issues				
Ability to advocate with authorities on behalf of clients to enhance the accessibility of the resources and services they need				
Promotes the role of culture as a part of a continuum of services that reflects cultural awareness, competency and safety				
Ability to identify the strengths and resources that families and community members bring to the process of systemic change and communicate recognition of and respect for these strengths and resources				
Ability to collaboratively prepare and present materials and information to influence decision makers, legislators, and policy makers, ensuring that the community's voice is central				
<b>Outreach</b>				
Ability to identify the social determinants of health that can influence risk levels within the community				
Knowledge of the nature and impact of stigma and shame				
Ability to gather information and knowledge about the living conditions, needs and perceptions of services from vulnerable individuals and families				
Planning and coordinating outreach activities that are intended to identify, capture the attention and interest of, and foster involvement of at-risk individuals and their families				
Ability to plan and implement a range of secondary risk reduction activities in collaboration with teachers, Elders and parents				
Ability to develop linkages and to maintain effective working relationships with other community services/agencies to facilitate contacts and outreach services				
Ability to assist vulnerable individuals and families clients connect with a wide range of health and social supports				
Demonstrates flexibility in providing outreach services, including location, hours of service, as well as creativity in practices and approaches				
<b>Reports and record keeping</b>				
Knowledge of accepted principles of client record management				
Ability to prepare reports/records that comply with organizational policies and legislation				
Keeps up to date on changes in record keeping practices and legislation				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records				
Ability to protect client rights to privacy and confidentiality				
Ensures data entry is consistent with the organizational Management Information System requirements				
<b>Scores</b>				
<b>Total score – this page</b>				
<b>Maximum score – this page</b>				<b>96</b>

<b>Knowledge and skills in the core functions of a CIAPS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Collaboration and networking</b>				
Ability to be an effective team member in internal or external team settings				
Understand terminology, procedures, and roles of other disciplines related to health promotion and addictions prevention				
Respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies				
Ability to summarize client's personal and cultural background, care plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of clients' care				
Ability to carry out tasks on time and up to the expected team standard				
Ability to share ideas and to assist others when requested				
<b>Scores</b>				
<b>Total score – Collaboration and networking</b>				
<b>Maximum score – Collaboration and networking</b>				<b>44</b>
<b>Total maximum score - Knowledge and skills in the core functions of a CIAPS</b>				<b>360</b>
<b>Cultural competencies</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous families and communities				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among Indigenous families and communities				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values, traditions, and cultural/spiritual ceremonies				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery				
Understanding of the intergenerational impact of colonization and oppression				
Provides services to clients in his/her indigenous language				
<b>Scores</b>				
<b>Total score – Cultural competencies</b>				
<b>Maximum score – Cultural competencies</b>				
<b>Professional integrity</b>				
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Maintains a warm, compassionate, healthy and balanced relationship with clients				
Ability to be exemplary, courteous, tactful in all situations and interactions				
Ability to be a role model with clients and peers				
Maintains confidentiality of all records, materials and communications concerning clients				
Communicates truthfully, avoids misleading or unreasonable expectations in others				
Demonstrates authentic interest in supporting clients in ultimately helping themselves				
Knows the values/teachings guiding personal and profession conduct in relationships				
Respect of clients' legal rights, ethical conduct guidelines, policies at the place of work				
Demonstrates commitment to develop and maintain professional competence				
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				
<b>Scores</b>				
<b>Total score – Professional integrity</b>				
<b>Maximum score – Professional Integrity</b>				

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**Community Standing** \_\_\_\_\_

\_\_\_\_\_

**Non-Alcohol/Drug Related Activities** \_\_\_\_\_

\_\_\_\_\_

**Personal history of alcohol or other substance mis-use** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Commitment to helping alcohol/drug mis-users** \_\_\_\_\_

\_\_\_\_\_

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

ADDRESS \_\_\_\_\_

Street

City

Province

Postal code

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

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

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

**Glossary of terms - Supervisor's Reference**

**Moral Character**

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

**Professionalism**

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

**Community Standing**

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

**Commitment to helping alcohol/drug mis-users**

State evidence that the applicant considers his/her involvement in the field as more than a "job"

## Employers<sup>1</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 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 ICBO

Name of applicant \_\_\_\_\_

Name of organisation or institution where the applicant is employed \_\_\_\_\_  
\_\_\_\_\_

Employer's name \_\_\_\_\_

I, \_\_\_\_\_ affirm that I am the applicant's employer.

I moreover declare that, in accordance with all applicable laws, a criminal record check was conducted on the applicant prior to commencement of employment and/or within 90 days of applying for certification and that, as an employer, I am satisfied that the applicant does not pose any risk to clients.

I confirm that that I am the person authorized to sign this declaration and that the information I have provided in this declaration is correct and complete.

Signature of the employer \_\_\_\_\_

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

<sup>1</sup> By "Employer" is meant any person who is legally responsible for insuring the verification of criminal record checks for all employees and who is authorized to sign this declaration

## Personal letter of reference #1

### In Support of Application for Certification as a Certified Indigenous Addictions Prevention Specialist

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

The above-named individual has applied for certification as a Certified Indigenous Addictions Specialist 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 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 (circle one of the items listed)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

3. Community Standing \_\_\_\_\_

\_\_\_\_\_

4. Non-Alcohol/Drug Related Activities \_\_\_\_\_

\_\_\_\_\_

5. Volunteer Activities \_\_\_\_\_

\_\_\_\_\_

6. Personal history of alcohol or other substance misuse (length of non-use) \_\_\_\_\_

\_\_\_\_\_

**Personal letter of reference #1 (second page)**

7. Commitment to helping alcohol/drug mis-users \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

**Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.**  
Failure to do so may jeopardize the timely processing of his/her application.

---

**GLOSSARY OF TERMS (letter of reference #1)**

**Moral Character**

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

**Professionalism**

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

**Community Standing**

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

**Commitment to helping alcohol/drug mis-users**

State evidence that the applicant considers his/her involvement in the field as more than a “job”



## Professional letter of reference #2

### In Support of Application for Certification as a Certified Indigenous Addictions Prevention Specialist

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

The above-named individual has applied for certification as a Certified Indigenous Addictions Specialist 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 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. Community Standing \_\_\_\_\_

\_\_\_\_\_

3. Family Relationships \_\_\_\_\_

\_\_\_\_\_

4. Non-Alcohol/Drug Related Activities \_\_\_\_\_

\_\_\_\_\_

5. Volunteer Activities \_\_\_\_\_

\_\_\_\_\_

6. Personal history of alcohol or other substance misuse (length of non-use) \_\_\_\_\_

\_\_\_\_\_

**Professional letter of reference #2** (second page)

7. Commitment to helping alcohol/drug mis-users \_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

**Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.**  
Failure to do so may jeopardize the timely processing of his/her application.

---

**GLOSSARY OF TERMS** (letter of reference #2)

**Moral Character**

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

**Professionalism**

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

**Community Standing**

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

**Commitment to helping alcohol/drug mis-users**

State evidence that the applicant considers his/her involvement in the field as more than a “job”

## Consent form

### Consent for the release of information

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

hereby consent to and authorize the release of information or documentation pertaining to my certification application to persons that the ICBOC 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 you do not wish ICBOC to release your information to):

If you authorize ICBOC to release information as is needed, you can still choose to limit the information released. Please 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 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 Addictions Prevention Specialists** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

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

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

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

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

### Examples:

#### a. Strengths

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

#### b. Spiritual

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

#### c. Emotional

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

#### d. Physical

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

#### e. Mental/Social/Cultural

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

## My personal wellness plan

My name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

A. My **Strengths**: \_\_\_\_\_

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

\_\_\_\_\_

B For my **Spiritual** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

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

3. \_\_\_\_\_

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

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

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

3. \_\_\_\_\_

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

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

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

3. \_\_\_\_\_

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

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

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

3. \_\_\_\_\_

## ICBOC Code of ethics

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional Indigenous’ healing philosophy. Please sign and date it, and submit it with your application

- Abstain from substance mis-use and process addictions during our tenure as Indigenous Certified Addictions Specialists.
- Strive to incorporate the spiritual teachings of our ancestors into our daily lives. Take personal responsibility for continued growth through education, training and a developmental wellness plan.
- Be dedicated to the concept that addictions are treatable and the primary goal is to maintain recovery and wellness of the client.
- Show a genuine interest in helping and serving persons with addictions issues and be dedicated to the concept of wellness, recovery and holistic healing.
- Honour cultural and traditional teachings that empower clients to choose a healthy lifestyle.
- Recognize the therapeutic value of humour.
- Accept and show respect for the diversity of all peoples and honour their race, colour, creed, age, sexual orientation, cultural/spiritual practices and views.
- Respect the client by maintaining an objective professional relationship at all times. Avoid dual relationships at all times.
- Protect the confidentiality of all professionally acquired information. Disclosure of such information is done only when required or allowed by law to do so, or when clients have consented to disclosure. This includes all records, materials, and communications.
- Make a commitment to provide the highest quality of service possible. This is evidenced by continued professional interaction with the client and, where necessary, the utilization of other health professionals and/or services to assist and guide the client in her/his recovery and wellness.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in the client’s best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

---

Signature

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

---

Name (Please print)

## Where to submit your application

If you have questions or need more information, don't hesitate to contact us, we are here to assist you.

Please send your application, with the certification fee\* to the following address. Cheques and money orders to be made to ICBOC.

Registrar, ICBOC  
#207 – 2735 East Hastings Street  
Vancouver, BC  
V5K 1Z8

**Telephone:** 604-874-7425

**Fax:** 604-874-7425

**Toll free:** 1-877-974-7425

**Email:** [registrar@icboc.ca](mailto:registrar@icboc.ca)

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

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