

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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**APPLICATION PACKAGE FOR THE CERTIFICATION OF  
INDIGENOUS CLIENT SUPPORT ADDICTION WORKERS**

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**2019-2020**

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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 Client Support Addiction Worker (CICSAW)**. This application package contains all of the forms you will need to submit for the review of your application.

Now that you have downloaded the application package, you are responsible for:

1. completing your sections and gathering all the required supporting documents
2. ensuring that your references, supervisor, employers complete their parts
3. sending everything, including the application fee that fits your situation\* to the ICBOC office. There is a check list on page 4 to help you. All the material must arrive in our office in one envelope.

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

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

To understand the certification standards and requirements for this certification, please consult the **Summary of Standards and Requirements for Certified Indigenous Client Support Addiction Worker (CICSAW)** by email or fax or download it from our website at [www.icboc.ca](http://www.icboc.ca).

Click on **Certification**, then **Certification and Fees**, then on **(CICSAW)**

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

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

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

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

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free 1-877-974-7425 by email at [admin@icboc.ca](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 27. Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://www.icboc.ca)).

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

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

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

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

The address to submit your application is provided on page 27

## Personal Information

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

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

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

Are you a NNADAP worker? \_\_\_\_\_ Residential Treatment?  or Community-based service

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

\_\_\_\_\_  
Town/city Province Postal Code

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

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

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

\_\_\_\_\_  
Town/city Province Postal Code

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

FIRST NATION AFFILIATION/ORGANIZATION \_\_\_\_\_

**Please check your preferred contact location**

HOME  OFFICE

## Assurances Form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Client Support Addiction Worker enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This “Code of Ethics” defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

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

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

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

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

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

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

**Employment History**

**Applicant:** Please list full-time, paid positions, beginning with your current position and going back consecutively for at least **five positions and/or five years.**

1. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

2. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

3. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

4. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

5. EMPLOYER \_\_\_\_\_ SUPERVISOR \_\_\_\_\_  
POSITION TITLE \_\_\_\_\_ DATES: from \_\_\_\_\_ to \_\_\_\_\_  
month/day/year  
MAJOR DUTIES \_\_\_\_\_  
\_\_\_\_\_

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

DATE \_\_\_\_\_

**Employment verification form**

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Client Support Addiction Worker work experience standard, please photocopy this form and have it completed by these other employers.

**Dear employer/supervisor:**  
You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Client Support Addiction Worker. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

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

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

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

Name of employer/supervisor (Print) \_\_\_\_\_

Title of employer/supervisor: \_\_\_\_\_

Position of Applicant \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

Major Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

1. Job title \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

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

2. Job title \_\_\_\_\_ Employed from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

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

Signature of employer/supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

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

DATE \_\_\_\_\_



## Educational Qualifications

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

### A. Secondary Education: (check appropriate box)

High School Diploma       GED       Other\* \_\_\_\_\_  
(please specify)

### B. Post-Secondary Education:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Declaration verifying alternative learning/training

As an indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through other means.

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

- Photocopy this form and **use ONE copy to document training/learning acquired in EACH of the three (3) situations listed.** Training hours acquired through several situations and documented on the same form will result in the form being resent to the applicant.
- Please ensure each form you submit is completed as required, by a person qualified to sign it (employer, Elder, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted).
- If you list training pertaining to **situation 3**, please **submit all the required documents**
- **Training documented in ALL the forms submitted must not exceed 26 hours.**

**Do not use this form** to list training delivered by external or in-house trainers/facilitators. If you attended training provided by external or by in-house trainers/facilitators, please complete the form on page 11 as required.

### Accepted ALTERNATIVE learning/training situations:

- 1. Participating in cultural, traditional activities and ceremonies in the context of your professional healing work with clients** during your normal work schedule.
- 2. Cultural teachings or advice YOU** received from an Elder at your place of employment, during the course of your normal work schedule.
- 3. Training you have yourself delivered in-house to your colleagues, your clients or the public.** In this case, please also submit both a copy of the training session description, including the title, learning objectives, content description and agenda.

<b>Situation number relating to this training</b>		<b>Applicant's name</b>	
<b>Name of the employing organization/agency</b>			
<b>Name of the person qualified to sign this declaration</b>			
<b>Job Title of the person signing this declaration</b>			
<b>Telephone</b>		<b>Email</b>	
<b>List of training(s) attended by this applicant</b>			
<b>Date of training</b>	<b>Title of the learning/training</b>	<b>Hours</b>	
<b>Note:</b> If you need more space to list the training that the applicant has attended/completed, please photocopy this page. <b>Please ensure that the section of the declaration below is completed.</b>			
<b>DECLARATION</b>			
I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.			
Signature of qualified person _____			
Date _____			
Year	Month	Day	



## Supervisor's Evaluation Form (page 12 to 15)

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

NAME OF APPLICANT: \_\_\_\_\_  
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 an Indigenous Client Support Addiction Worker. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

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

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

Brief Intervention/Counselling  % Care/wellness activity planning  % Client supervision/support  %

**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

CICSAW – CORE KNOWLEDGE/SKILLS IN ADDICTIONS AND MENTAL HEALTH				
<b>Introduction to Addictions</b> (within an aboriginal perspective)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of various forms of addictions including substance, solvents, and process addictions				
Knowledge of the signs and symptoms of addictions and/or polydrug abuse, including physical and psychological aspects				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of the effects of addictions on individuals, family & community				
Ability to identify the linkages associated with resilience and other protective and predisposing factors				
<b>Scores</b>				
<b>Introduction to Mental Wellness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
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 Aboriginal ways of knowing and understanding mental health				
Knowledge of mental illnesses or mental health issues often experienced by clients with concurrent disorders				
<b>Scores</b>				
<b>Total Score</b>				
<b>Maximum Required Score - Addictions &amp; Mental Wellness</b>	<b>40</b>			

<b>CICSAW – KNOWLEDGE/SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE</b>				
<b>Interpersonal Communication</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to use active listening & encourage healthy two-way communication				
Ability to communicate effectively to establish and maintain helping relationships with clients and family members				
Demonstrate respect and non-judgmental attitude toward clients, colleagues, other professionals and agencies.				
Speaks his/her Indigenous language				
<b>Motivational Interviewing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Basic knowledge of motivational interviewing techniques and benefits				
Ability to use these techniques to bring positive changes in clients values and behavior.				
<b>Pharmacology</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Basic knowledge of the classifications and names of psychoactive substances and their major clinical effects				
Ability to safely administer client's medications				
<b>Brief Counselling Intervention</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of a range of brief counselling approaches				
Ability to use these approaches in a culturally appropriate way				
<b>Conflict Resolution</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of conflict resolution approaches and techniques				
Ability to use these approaches and tools to diffuse and resolve conflict effectively				
<b>Self-Care</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Awareness of the overarching traditional values and practices that support and uphold wellness				
Ability to develop and follow a personal wellness plan based on the mental, emotional, physical and spiritual facets of a healthy and balanced life.				
Ability to acknowledge one's limits and seek help when needed				
<b>Client Education</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to develop range and depth of knowledge for the benefit of clients and colleagues				
Knowledge and use of effective presentation techniques for knowledge sharing				
Ability to match education techniques to a variety of audiences, their ability to understand				
<b>Safety Issues</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of techniques and approaches that prevent a variety of incidents, hazards and accidents				
Knowledge of techniques and approaches that must be applied in a variety of incidents, hazards and accidents				
<b>Scores</b>				
<b>Total Score</b>				
<b>Maximum Required Score - Knowledge and Skills in Support of Professional Practice</b>				<b>80</b>

<b>CICSAW - 8 CORE FUNCTIONS</b>				
<b>1. PRIMARY SCREENING AND ASSESSMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the importance of cultural awareness and safety in early identification and intervention services				
Ability to identify and understand client needs, concerns and issues				
Knowledge of the role of assessment as a component of a client-centered plan				
Knowledge of data gathering tools for client screening, admission and assessment				
Ability to document client information, adhering to all relevant procedures, templates or guides to ensure completeness and accuracy				
<b>2. CARE/WELLNESS ACTIVITY PLANNING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to involve clients in the decision making process leading to the planning of individual or family health promoting activities				
Ability to develop care plans with a strong focus on client strengths, cultural identity, engagement and resilience				
Ability to consider the role of the family and detachment from children as factors in care planning success				
Awareness of needs for medical care, safety and support to forge and maintain a wellness lifestyle				
Capacity to translate assessment information into care plans with clear goals and outcomes				
<b>3. CARE FACILITATION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to describe to the client the general nature and goals of the program, rules governing client conduct etc...				
Ability to include community and family members when facilitating care and to ensure client's other service providers have access to shared information				
Ability to explain trauma and intergenerational trauma in an Indigenous context and demonstrates that Indigenous healing practices are valued				
Ability to locate, and supports access to cultural services and community support systems for all clients				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
<b>4. CLIENT SUPERVISION AND SUPPORT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to follow policies and procedure in the supervision and orientation of clients				
Ability to assist clients in maintaining appropriate standards of behaviour and attitudes according to established therapeutic intervention practices				
Provides supporting care through informal means including community and family members				
Ability to ensure client discharge process and procedures are followed in accordance with policies				
Ability to supervise, coordinate and facilitate daily recreational, fitness and social activities				
<b>Scores</b>				
<b>Total score this page</b>				
<b>Maximum required score for this page</b>				<b>80</b>

<b>CICSAW - 8 CORE FUNCTIONS (Continued)</b>				
<b>5. CLIENT ENGAGEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to recognize denial defense behaviors and mechanisms and to motivate clients				
Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey				
Ability to use crafts or working with one's hands (e.g., beadwork, sewing, drawing and similar activities) as a process supporting participant engagement				
Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey				
Ability to create a positive encouraging environment for all activities involving clients and their family				
<b>6. BRIEF INTERVENTION/COUNSELLING</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to assure clients that every effort is made to understand their point of view				
Ability to tailor brief interventions to be culturally sensitive and responsive to clients' needs and situation				
Understanding of the benefits in using brief interventions				
Ability to match models of behaviour and behaviour change to clients' needs and goals				
Knowledge of interviewing approaches and techniques to motivate and engage clients				
<b>7. CLIENT EDUCATION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understands how involving clients in decisions about their own treatment path helps to rewire brain pathways				
Ability to incorporate storytelling to teach indigenous culture while connecting to cultural identity and teaching relevant wellness skills and knowledge				
Ability to uses community media and other means to promote culturally relevant, community-based health activities				
Ability to coordinate or deliver groupe/individual activities to enhance family relationships				
Ability to share knowledge and be a role model in terms of personal commitment to personal healing, positive relationships and to a healthy lifestyle				
<b>8. CLIENT SAFETY</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to supervise effectively clients self-administering medication and to inform senior professionals if incorrect usage of is suspected				
Knowledge of what constitutes a crisis - ability to recognize a client in crisis				
Ability to ensure safe driving practices when providing client's transport to activities, outings and appointments				
Ability to participate fully in all security and safety measures, policies and procedures ensuring the safety of clients, co-workers and stakeholders				
Ability to report and respond appropriately to client injury or illness				
<b>Scores</b>				
<b>Total Score this page</b>				
<b>Maximum Required Score – All 8 Core Functions</b>				<b>160</b>

CULTURAL COMPETENCIES				
Cultural competencies	1	2	3	4
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
Knowledge of the intergenerational trauma stemming from the Residential School system				
Ability to implement and incorporate culture, beliefs, values and traditions in interventions				
Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery (ceremonies and other cultural/spiritual activities)				
Understands the positive impacts of culturally appropriate care on recovery and wellbeing				
Uses his/her indigenous language in the services provided to clients				
PROFESSIONAL INTEGRITY				
Professional Attitude	1	2	3	4
Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with clients				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Communicate truthfully and avoid misleading or raising unreasonable expectations in others				
Ability to work under supervision and to cooperate with other personnel as well as function effectively with minimal supervision				
Ability to respect the customs and beliefs of others				
Professional Ethics	1	2	3	4
Knowledge of the values/teachings that guide personal and profession conduct in relationships				
Knowledge of the professional ethical conduct guidelines, policies, and procedures in place at the place of work				
Knowledge of the legal rights of clients				
Demonstrates commitment to develop and maintain professional competence				
Commitment to treat all clients with respect based 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</b>				
<b>Maximum Required Score - Cultural Competencies and Professional Integrity</b>				<b>60</b>

### GLOSSARY OF TERMS - Supervisor's Reference

#### Moral Character

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

#### Professionalism

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

#### Community Standing

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

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

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



**SUPERVISOR'S REFERENCE** - Please comment on the following

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

ADDRESS \_\_\_\_\_  
Street City

Province Postal code TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

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

## Employers<sup>1</sup> Letter of Declaration Regarding Applicants Criminal Record Checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

### LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC

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

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

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

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

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

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

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

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

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

## Personal Letter of Reference #1

### In support of an application for certification as an Indigenous Client Support Addiction Worker

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

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

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

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

## Personal Letter of Reference #1 (second page)

7. Volunteer Activities \_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

**Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.**  
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

---

### GLOSSARY OF TERMS (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 an application for certification as a Certified Indigenous Client Support Addiction Worker

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

The above-named individual has applied for certification as an Indigenous Client Support Addiction Worker with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **You must have known the applicant professionally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

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

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

## Professional Letter of Reference #2 (second page)

7. Volunteer Activities \_\_\_\_\_  
\_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

**Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.**  
Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

---

### GLOSSARY OF TERMS (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"

**Consent for the release of information**

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

hereby authorize and consent the release of information or documentation pertaining to my certification application to persons that the ICBOC might needs to consult for the purpose of certification, **except** to the persons/and or organisations named below (write a list of names of individuals or organisations to whom ICBOC **should not** release your information):

If you authorize the ICBOC to release information, you can still choose to limit the information released. Place indicate below the information you do not wish to be released:

This consent for release of information may be withdrawn at any time by written request addressed to the Certification Board and/or it will expire on the expiration date of your ICBOC certification

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

Witness Name: \_\_\_\_\_

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

**Note: The Indigenous Certification Board of Canada** will not include you in its Registry of certified professionals if we do not have this consent form from you.

## Personal Wellness Plan

### Circle of Life

All **Certified Indigenous Client Support Addiction Worker** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

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

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

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

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

### Examples:

#### a. Strengths

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

#### b. Spiritual

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

#### c. Emotional

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

#### d. Physical

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

#### e. Mental/Social/Cultural

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



## My Personal Wellness Plan

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

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

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

B For my **Spiritual** well being:

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

Steps I take to reach my goal:

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

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

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

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

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

Steps I take to reach my goal:

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

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

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

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

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

Steps I take to reach my goal:

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

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

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

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

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

Steps I take to reach my goal:

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

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

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

## ICBOC CODE OF ETHICS

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

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

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Signature

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

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Name (Please print)

## WHERE TO SUBMIT YOUR APPLICATION

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

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

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

**Telephone:** 604-874-7425

**Fax:** 604-874-7425

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

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

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

\*For more information on applicable fees, please consult the list of fees on the ICBOC's Website at [www.icboc.ca](http://www.icboc.ca)