

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION FOR THE FIRST RECERTIFICATION OF APPLICANTS
WHO OBTAINED INITIAL CERTIFICATION THROUGH ICBOC
CERTIFICATION EQUIVALENCE PROCESS**

2020

Application Contents and checklist

Please use this list below to check that you have included all the required documents in your application. Do not forget to include the recertification fee with your application package

Page	FORMS AND OTHER ITEMS TO SUBMIT	Check
3	How to complete this application	
4	Personal Information	
5	Educational Qualifications	
6	Guidelines for completing the form for training offered by external providers	
7	Form – Education/ Training offered by external providers	
8	Guidelines for completing the form for alternative Learning and training	
9	Form - Declaration of Alternative Learning/Training	
10	Letter of Professional Reference	
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14	Renewal fees and How to send your application	
	Supervisor's Evaluation corresponding to your current ICBOC certification and level. Please contact ICBOC for a copy of the right Supervisor's evaluation	
	Proof of 40 hours of new training - Certificates - Employer's declaration - Program Graduation Certificate + transcripts	
	Equivalence Recertification Fee – payment to be made to ICBOC See http://icboc.ca/certification/list-of-certifications/list-of-fees/	

COMPLETING THIS APPLICATION PACKAGE

Congratulations on taking this step to renew your certification with ICBOC. This package contains all the forms you need to apply for your recertification.

This form is for recertification **at the same level as the certification you have already been granted.**

- If you wish to apply for a certification upgrade, you first need to renew the certification that you already have. If you have questions in this regard, please contact ICBOC.
- If your current certification obtained through ICBOC's Equivalence Process has lapsed for six months or more and has been archived, you will need to submit a complete application package corresponding to the certification and level you have obtained through that process.

Ce formulaire est réservé à une demande de renouvellement d'agrément **au même niveau que celui que vous possédez déjà.**

- Si vous désirez faire une demande pour un niveau supérieur, vous devrez remplir et soumettre la demande qui correspond à l'agrément que vous voulez obtenir.
- Si votre agrément actuel, obtenu par le processus d'équivalence du CAAPC est expiré depuis six mois ou plus et a été archivé, vous devrez soumettre la trousse de demande correspondant à l'agrément et niveau obtenu par ce processus.

IMPORTANT: The certification and level granted to applicants who initially applied through ICBOC's Equivalence process can vary.

*Before submitting this renewal application, please contact ICBOC's Registrar department and request the Supervisor's Evaluation that corresponds to your current ICBOC certification and level.

PLEASE KEEP A PHOTOCOPY OF YOUR APPLICATION & SUPPORTING DOCUMENTS FOR YOUR RECORDS.

Your application materials will first be received, mail logged, dated and filed by our Administrative Coordinator. Your application will be passed on to our Registrar for review **only when the package is complete**, with the cheque or money order for recertification (payable to ICBOC) have been received.

IMPORTANT: If you change address or phone during the two years leading to your certification renewal, **please do not forget to send us your new contact information.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please don't hesitate to call us by phone at: **604-874-7425** via our toll free **1-877-974-7425** or by email at admin@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

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 ☐

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 _____

GUIDELINES FOR COMPLETING EXTERNAL PROVIDERS' TRAINING FORM

This form 2 is for you to document the education and training that you have completed, and that was delivered by external providers.

External providers are:

- Institutions or organizations who deliver formal education programs or training
- Trainers/facilitators invited to deliver their training at your place of work or in your community.

Education or training that can be delivered by external providers:

- Courses or programs normally delivered by educational institutions or organizations (online or classroom-based)
- More informal training offered in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or in the context of conferences.

ACCEPTED PROOFS OF TRAINING:

- **Certificates** bearing the required information must be submitted for every completed training. Certificates that do not indicate the number of hours or the dates of training are not accepted.
- When only the date(s) of training is/are indicated on the certificates, ICBOC will grant 6.5 hours for each day of training.
- **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
- **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 all 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.
- **Affidavits/Declarations.** You are responsible for obtaining certificates of attendance/completion. If you do not have access to or cannot acquire your certificates, we accept, under extenuating circumstances, a declaration on the employer's letterhead from your employer or supervisor. It must include the date of the training, the title and number of hours as well as the complete and legible contact information of the qualified signatory.
- 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 proofs of attendance and completion.

[illegible]

GUIDELINES FOR COMPLETING ALTERNATIVE LEARNING/TRAINING FORM

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. Below are three distinct situations where this kind of alternative learning/training can be acquired and recognized:

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. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc... Imparting 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 read, use and complete this form carefully, as instructed, or the form will not be accepted.
- **Do not use this form to list any training provided by external trainers/facilitators.** If you attended in-house training, provided by external facilitators, use the form on page 6.
- Please complete one form per situation. Do not list learnings/trainings acquired in multiple situations on one single form. Please make as many photocopies of the form on page 8 as you require to separately document learnings/trainings pertaining to each individual situation.
- Please note that the maximum number of hours accepted as part of the Declaration of Alternative Learning/Training must **not exceed 26 hours**.
- **Ensure that each copy of the form on page 8 listing the learnings/trainings 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 page 8 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.

Professional Letter of Reference

In support of an application for the renewal of a professional certification with ICBOC

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for the recertification of his/her certification 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 (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

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"

Employers¹ 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: _____

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

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

Signature

Date: _____

Name (Please print)

RECERTIFICATION FEE

PLEASE ENSURE THAT YOU HAVE ENCLOSED all the required documents and the recertification fee that corresponds to the certification and level you obtain through the ICBOC equivalence process.

The List of Fees is available on ICBOC's website at <http://icboc.ca/certification/list-of-certifications/list-of-fees/>.

Review of the recertification application will only proceed once all the documents and the fee have been received.

- If your recertification application is late or incomplete 30 days from the date of your certificate expiry, please add a late fee of \$25.00.
- If your recertification application has lapsed or is still incomplete 6 months or more from the date of your certificate expiry, please add a file reactivation fee of \$50.00.

SENDING YOUR RECERTIFICATION APPLICATION

Please send your application with all the documents required, the photocopies de vos certificates/transcripts/declarations AND the payment of the renewal fees, **by regular mail and in the same envelope, to the address below..**

ICBOC accepts payment in the form of a cheque, bank draft, or postal/money order payable to **ICBOC**

Registrar
Indigenous Certification Board of Canada
#207-2735 East Hastings Street
Vancouver, BC
V5K 1Z8

OTHER CONTACT INFORMATION

Phone: 604-874-7425

Fax : 604-874-7426

Toll Free: 1-877-974-7425

Email: registrar@icboc.ca

Web site: www.icboc.ca