

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS DIABETES PROGRAM FOOT CARE COORDINATORS Level I, II, III**

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**2021**

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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 Diabetes Program Foot Care Coordinator (CIDP-FCC)**. This application package contains all of the forms you need to submit for the review of your application.

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

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

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

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

To understand the certification standards and requirements for this certification, please request the **Certification Standards and Procedures Summaries for Certified Indigenous Diabetes Program Foot Care Coordinator (CIDP-FCC)** by email or fax or download it from our website at <http://icboc.ca/certification/list-of-certifications/>. The summary is on the page corresponding to the certification.

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

**Example:** Letter of Reference for ..... (write your first and last name)

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

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

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 604-874-7425 or toll free 1-877-974-7425 by email at [admin@icboc.ca](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 29. 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"/>	Photocopy of the certificates documenting any other trainings you have completed
<input type="checkbox"/>	Declaration form - applicant's alternative learning/training
<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' Declaration - applicants' criminal record checks
<input type="checkbox"/>	Consent form ( <i>Release of information</i> )
<input type="checkbox"/>	Completed and signed personal wellness Plan
<input type="checkbox"/>	Dated and signed code of ethics
<input type="checkbox"/>	Payment of the certification fee*, in the form of a cheque, or money order, payable or <b>Indigenous Certification Board of Canada or ICBOC</b>

\*For more information on applicable fees, please consult ICBOC's website at <https://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-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 29

## Personal Information

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

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

ALSO KNOWN AS \_\_\_\_\_

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

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

Town/city Province Postal Code

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

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

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

Town/city Province Postal Code

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

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

**Please check your preferred contact location**

HOME ☐ OFFICE ☐

## Assurances Form

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

As an Indigenous Diabetes Program Foot Care Coordinator enrolled with ICBOC, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. This "Code of Ethics" defines responsibilities to oneself, family, colleagues, clients, the public and Nations.

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

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

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

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

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

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

DATE \_\_\_\_\_

### 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**  
To be completed by employer or supervisor

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Diabetes Program Foot Care Coordinator work experience standard, please photocopy this form and have it completed by these other employers.

**Dear employer/supervisor:**

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Diabetes Program Foot Care Coordinator. Applicants must have employment utilizing skills in coordinating Foot care services within a diabetes program or an organization. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

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

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

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

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

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
\_\_\_\_\_

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



## Educational qualifications

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

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

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

### B. Post-Secondary Education:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### ICBOC - Declaration form - applicant's alternative learning/training

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

**IMPORTANT:** Please read, use and complete this form carefully, as instructed. **Failure to do so will annul the forms.**

- **Do not use this form for any training provided by external trainers/facilitators.** If you attended in-house training, provided by external facilitators, please request certificates, and submit them with your application
- Use **ONE** form for each type of situation and signatory – photocopy the form as needed
- The total hours in **ALL** the forms submitted must **not exceed 26 hours**.

Please use this form to only document the hours of **training acquired via the three (3) alternative ways** listed below. **Ensure it is completed as required by a person qualified to sign it** (employer, Elder, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). **A maximum of 26 hours for all the learning acquired in one or all listed situations will be accepted.** In the case of your certification renewal, this could represent over half of the 40 hours required:

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

**Situation 2.** Cultural teachings or advice you received **from an Elder at your place of employment, during the course of your work schedule.**

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

<b>Date of this declaration</b>		<b>Name of applicant</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 training session</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 declaration section 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 _____		Telephone # _____	
Year	Month	Day	

## Supervisor's Evaluation Form (page 11 to 20)

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

**Dear employer/supervisor:**

You are requested to verify the employment of the applicant whose name appears above and who is applying to the Indigenous Certification Board of Canada for certification as an **Indigenous Diabetes Program Foot Care Coordinator**. Applicants must have employment utilizing the skills required in his/her job description. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT (must be at least six months): \_\_\_\_\_

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

Foot care program management  %      Event management  %      Supervision  %

**IMPORTANT:** Please place a cross (x) in the box that most accurately reflects the applicant's level of knowledge, skill or competency for each of the statements

**Scoring key:** 1=Need more training /experience      2=Adequate      3=Good      4=Excellent

Core knowledge and skills	1	2	3	4
<b>Anatomy and physiological processes linked to diabetes</b>				
Knowledge of human anatomy and physiological systems				
Knowledge of the physiological processes that are linked to diabetes				
Ability to identify the medical tests that are used to diagnose diabetes				
Knowledge of the long term effects of untreated diabetes				
<b>Pathophysiology</b>				
Ability to describe normal and abnormal glucose metabolism				
Knowledge of the cause of diabetes and the impact of disease progression				
Ability to differentiate between the common types of diabetes mellitus				
Ability to identify the signs and symptoms of diabetes type 1 and type 2				
Knowledge of the pathophysiological mechanisms for the development of type 1, type 2 and gestational diabetes				
Knowledge of the signs and symptoms of hyperglycemia				
Ability to explain the link between chronic hyperglycemia and chronic complications				
Knowledge of the common complications of diabetes				
Ability to identify the risk factors for common complications of diabetes				
Knowledge of the symptoms of hypoglycemia and major acute complications				
<b>Epidemiology of diabetes among Indigenous communities in Canada</b>				
General knowledge of the characteristics of high risk populations				
Knowledge of the general prevalence of diabetes in Indigenous communities in Canada				
Knowledge of the factors that influence the difference and similarities of diabetes prevalence in Indigenous communities in Canada (First Nations, Metis and Inuit)				
Knowledge of statistics regarding the forms of diabetes affecting different age groups within Indigenous communities				
Familiarity with clinical practice guidelines and diagnostic criteria related to foot care				
Ability to identify individuals and families at risk for complications				
<b>Scores</b>				
<b>Score this page</b>				
<b>Maximum score this page</b>	<b>80</b>			

Core knowledge and skills	1	2	3	4
<b>Health promotion and diabetes prevention</b>				
Understands how the determinants of health influence the health and wellbeing of Indigenous communities				
Ability to interpret community health status information to identify option for health promotion activities				
Understands the role of health promotion in addressing diabetes in communities				
Knowledge of models of health that take into account the cultural economic and social determinants of health				
Knowledge of approaches for diabetes prevention and risk reduction				
Knowledge of physical, mental and psychological approaches to wellness				
Ability to identify the barriers to diabetes prevention and risk reduction within communities				
Knowledge of traditional indigenous approaches to diabetes prevention and care				
Ability to explain the link between lifestyle and the development of type 2 diabetes				
<b>Epidemiology of diabetes among Indigenous communities in Canada</b>				
Ability to identify the psychological and social impacts of diabetes on affected individuals				
Ability to identify the psychological and social impacts of diabetes on the affected family				
Ability to identify the social impacts of diabetes on the community				
Knowledge of the psychological impact of diabetes on individuals from different age groups				
Knowledge of community resources available to assist individuals and families in coping with the psychosocial impacts of diabetes				
Knowledge of the resources available to assist individuals and families in coping with the economic and financial repercussions of diabetes				
<b>Client education in diabetes self-management and care</b>				
Awareness of the common myths associated with diabetes and diabetes care				
Awareness of the possible psychological barriers that individuals and families may have in relation to diabetes medications, self care and receiving care				
Ability to encourage clients' good glycemic control, self care and monitoring to prevent complications				
Ability to focus on the knowledge and skill acquisition necessary for diabetes self-management				
Ability to assist individuals and their family develop/implement a diabetes care/wellness plan				
Coordinate education events with diabetes professionals to encourage and empower individuals and families to make changes that improve their diabetes management/outcomes				
<b>Non invasive foot care</b>				
Knowledge of foot pathologies and treatment intervention				
Knowledge of the impact of diabetes on the feet				
Knowledge of the factors affecting mobility and balance				
Ability to identify a diabetic foot				
Ability to carry out foot assessments in accordance with the latest evidence base				
Ability to update foot care assessments				
Knowledge of foot injuries that require medical attention				
Ability to report observed unusual findings or concern voiced by the diabetic person				
Knowledge of the different products or equipment that can be used to prevent or treat foot issues				
Knowledge of particular areas of the foot needing specific care				
Knowledge of the limits to be respected in regard to the extent of the foot care to be provided in the context of one's position as a Diabetes Program Foot Care Coordinator				
<b>Scores</b>				
<b>Total score this page</b>				
<b>Maximum score this page</b>	<b>128</b>			
<b>Maximum score – Core knowledge and skills</b>	<b>208</b>			

General knowledge and skills	1	2	3	4
<b>Communication</b>				
Ability to develop supportive relationship with people with diabetes and their family				
Ability to communicate in a culturally sensitive, appropriate and respectful manner				
Ability to communicate information in a way that is clear and easy to understand				
Ability to provide information tailored to specific audiences				
Ability to communicate with a variety of people and organizations in the community by exercising tact, diplomacy, judgment, discretion and honesty.				
Ability to apply the concept of emotional intelligence when interacting with others				
Ability to listen, empathize and nurture positive rapport with others				
Ability to communicate with clients in their language				
Ability to write and forward relevant diabetes/foot care information to be posted of the organization face book and website				
<b>Interviewing techniques</b>				
ability to engage in active listening and sustained attention during a interview with client and/or their families				
Ability to creating a safe space for individuals seeking assistance with diabetes				
Ability to relate to and understand others regardless of their socio-economic background, level of education, beliefs, sexual orientation, age or ethnicity				
Knowledge of the principles of motivational interviewing				
Knowledge of the processes of motivational interviewing (engaging, focusing, evoking, planning)				
<b>Knowledge and skills in areas linked to safety</b>				
Has received training and is able to deal with situations requiring First Aid/CPR/COPD etc.				
Ability to deal with workplace violence & harassment Training				
Knowledge of lifting techniques to prevent injuries				
Knowledge of WHMIS				
Knowledge of infection control protocols				
Ability to deal with incidents related to hypo or hyperglycemia				
Ability to explain diabetes health risks that can have repercussions on a client safety				
<b>Scores</b>				
<b>Total score - General knowledge and skills</b>				
<b>Maximum score – General knowledge and skills</b>				<b>84</b>
Competencies in the 15 core functions	1	2	3	4
<b>Intake/Screening</b>				
Ability to respond in a courteous and efficient manner to individuals' inquiries about available services and their eligibility to access them				
Ability to clearly explain what is involved in the screening process to clients				
Knowledge of and ability to manage the administrative procedures and tools for admission to treatment/services				
Ability to manage clinic/events registration				
Ability to review and screen clients' information for services eligibility and treatment planning				
Ability to record client screening results				
Knowledge of clients' rights, confidentiality policies and protocols for storing client information				
Ability to proactively identifies the need for events or services for diabetes foot screening				
Collaborate with stakeholders to develop and implement local screening programs				
<b>Scores</b>				
<b>Total score – Intake/screening</b>				
<b>Maximum this page</b>				<b>36</b>

Competencies in the 15 core functions	1	2	3	4
<b>Assessment</b>				
Knowledge of the difference between screening and assessment				
Knowledge of clients assessment processes and procedures generally used in the field				
Knowledge of clients assessment processes and procedures required within the organization				
Ability to use culturally responsive assessments				
Understanding of clients' current health status from the information gathered				
Ability to carry out assessment of the diabetic foot, including vascular insufficiency, peripheral sensory neuropathy and deformity				
Ability to analyze information from foot assessment and clients' concerns and evaluate services needed				
Ability to use assessment information to prevent diabetic foot ulceration				
Ability to translate assessment information into treatment plans with clear goals and outcomes				
Capacity to assess clients' needs and to prioritize these needs				
<b>Treatment Planning</b>				
Knowledge of diabetes and its physiological and psychological impact on clients				
Knowledge of diabetes and its care (with an Indigenous lens)				
Knowledge of treatment planning concepts and implementation				
Capacity to establish customized treatment plans with clear goals and outcomes				
Ability to make treatment recommendations based on information gained from relevant screening and assessment instruments				
Ability to determine foot care treatment plan based on foot assessment and information gathered from client				
Capacity to match clients' treatment plans to their current health status, needs and preferences				
Knowledge of current research in diabetic foot disease and treatment				
Ability to critically evaluate the validity of information and to disseminate the findings to colleagues and stakeholders as appropriate				
Capacity to ensure clients' treatment plans are followed or changed/adjusted when required				
Capacity to listen, offer choices, respect clients' preferences and to make clients feel valued				
Ability to provide treatment plans to appropriate service providers and clients representatives				
Ability to provide culturally appropriate care and treatment options				
<b>Case Management</b>				
Knowledge of case management procedures in place within the program/organization				
Knowledge of case management concepts in the context of diabetes services focused on foot care				
Knowledge of program/organization's policies, protocols and priorities for the implementation of services to clients				
Ability to process client applications and subsidy orders for care and assistive devices				
Ability to provide timely approvals for care and foot devices that fall within or without standard service criteria				
Ability to ensure the maintenance of client care safety				
Ability to monitor client files for accuracy				
Ability to follow-up all notes, feedback and incidents reported by staff				
Ability to liaise with care providers and hosts to ensure clients are receiving the most appropriate care or service				
<b>Scores</b>				
<b>Total scores this page</b>				
<b>Maximum score this page</b>				<b>128</b>

Competencies in the 15 core functions	1	2	3	4
<b>Referrals</b>				
Interest in attending networking events to enhance choice of relevant referrals				
Ability to know one's limit and to refer those seeking information and advice to qualified professionals				
Knowledge of community support resources, scope of practice, eligibility requirements, treatment philosophies, administrative contact and service procedures				
Knowledge of the resources and services available within and outside the community for the prevention, diagnostic, treatment, and follow-up of diabetes issues				
Ability to determine when referrals/services should be made to other indigenous and mainstream programs, based on foot assessment and information gathered from client				
Ability to determine appropriate referrals and educational resources (traditional,/cultural/spiritual/counselling) that match the need of individuals and families				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
<b>Teamwork</b>				
Ability to organize team meetings				
Ability to act as a resource and to contribute in team meetings in a constructive manner				
Ability to collaborate in the development policies and procedures by providing consistent, current and correct information on Indigenous diabetes foot care				
Ability to collaborate with all key players while planning and during events				
Knowledge of the elements, levels, structure and cultural protocols of team meetings				
Understanding of the terminology, procedures, and roles of other disciplines related to the treatment and care of diabetes				
Ability to update and summarize relevant clients' information in the context of a team meeting, while exercising disclosure discretion				
Ability to document and submit team meetings minutes to Program Director				
Knowledge of conflict resolution approaches				
<b>Client Education</b>				
Ability to provide accurate and educational material on diabetes suitable for all ages and all types of diabetes				
Ability to coach individuals and their family in the self-management of their diabetes				
Ability to facilitate/present group sessions and workshops on diabetes and foot care education, on awareness, prevention and holistic wellness from an Indigenous perspective to clients and communities				
Ability to share accurate professional information with communities				
Ability to provide up-to-date current and traditional basic principles of healthy nutrition				
Attend relevant events, forums and conferences to be consistent with current information and new advances pertaining to diabetes and foot care in Indigenous communities				
Update and forward diabetes/foot care information to organization staff as well as relevant departments for public dissemination				
Knowledge of relevant topics/ subject matters in the area of diabetes and diabetes care				
Knowledge on how to adapt presentations to different audiences				
Capacity to acquire and transfer relevant current information in a variety of format				
Familiarity with the concept and practice of mentoring				
<b>Scores</b>				
<b>Total score this page</b>				
<b>Maximum score this page</b>				<b>108</b>

Competencies in the 15 core functions	1	2	3	4
<b>Program Management</b>				
Ability to administer all aspects of the department (work plan goals and objectives, delivery, quality control, procedures, and roles and responsibilities of all involved including self)				
Ability to coordinate and facilitate program events and special projects				
Ability to develop and maintain program policies in order to provide consistent, current and correct information and services to Indigenous communities and stakeholders				
Ability to develop program procedures that conform to the personal health information privacy act				
Ability to develop diabetes prevention and foot care services to complement existing ones				
Ability to collect client testimonials and personal wellness stories to evaluate program				
Knowledge of work plan development and management				
Organizational skills (priority management, adapting to environment, multitasking)				
<b>Event Management</b>				
Knowledge of the steps, procedures and protocols in place within the organization in regard to organizing event				
Ability to identify, negotiate and select available and appropriate venues for events				
Ability to identify and select available and appropriate service providers for events				
Ability to develop and implement event master plan, to evaluate and modify it as required				
Ability to ensure program protocols, priorities and privacy procedures are followed by staff, and stakeholders for all outreach events				
Ability to target, coordinate, implement and supervise all aspects of foot care and other events				
Ability to establish and oversee all new client representatives and service providers contracts, based on suitability and qualifications				
Ability to ensure best and appropriate use of clinic space, supplies and equipment				
Ability to collaborate with partners to create and launch publicity plan & brand event				
Ability to Identify, contact and confirm sponsors and partners as well as speakers and presenters,				
Ability to lift and transport large display boards and resources				
<b>Community Outreach</b>				
Understands the role and scope of program outreach services				
Ability to represent the organization and program at all functions in a professional manner				
Ability to establish new relationships for program partnerships related to diabetes and foot care				
Ability to collaborate with community stakeholders to identify gaps in needed diabetes services				
Ability to liaise with Indigenous communities within the program/organization's region to identify appropriate resources and services				
Knowledge of the current environment of diabetes locally, regionally and nationally with an Indigenous lens				
Ability to network in order to enhance the continuity, accessibility, accountability and efficiency of resources and services available to clients				
Ability to collaborate in facilitating culturally appropriate foot care and treatment options for clients and community members				
Ability to collaborate with client representatives and community stakeholders regarding logistics of outreach services				
Ability to model and reflect a healthy and positive attitude when interacting with communities and all staff				
<b>Scores</b>				
<b>Total scores this page</b>				
<b>Maximum scores this page</b>				<b>116</b>



Competencies in the 15 core functions	1	2	3	4
<b>Resource Management</b>				
Knowledge of resources management processes, procedures and policies				
Ability to manage departmental resource according to the resource management policies of program/organization				
Ability to identify resources needed to provide efficient services				
Ability to manage the development and all departmental resources forms, displays, education materials and self-care resources				
Ability to ensure departmental offices are equipped with relevant resource materials				
Ability to monitor the departmental resources inventory and approve resource orders				
Ability to oversee and monitor program service directory				
Oversee the preparation of events' equipment and resources				
Oversee and approve or deny requests for resources, orthotic requests from service providers				
Analyse and approve or deny specific orders for clients' items				
Ability to assist diabetes wellness team in creating new culturally appropriate resources when necessary				
Ability to negotiate with suppliers and select resources needed to provide efficient services				
Knowledge of professional resource management processes and procedures				
Knowledge of inventory management				
Ability to negotiate with new and existing suppliers				
<b>Knowledge Building</b>				
Knowledge of self-care and wellness				
Ability to identify own knowledge gaps				
Ability to participate in relevant training in order to carry out position duties effectively				
Ability to stay abreast of current research and of latest diabetes and foot care options to enhance personal and staff knowledge and skills				
Ability to develop curriculum training plans				
Ability to leverage staff knowledge for the building of department or organization's knowledge				
Ability to identify and coordinate facilitators, speakers, elders etc. for worker training				
Ability to attend relevant events and conferences to be consistent with current information and new advances pertaining to diabetes and foot care in Indigenous communities				
Ability to keep abreast of relevant information and resources to implement and provide appropriate services to clients				
Knowledge of leadership concepts				
Ability to apply leadership concept and approaches to self				
Awareness of the signs and symptoms of burnout and compassion fatigue				
Ability to develop a personal self-care/wellness plan				
Ability to share relevant diabetes/foot care information in a clear manner to other departments within the organization				
Ability to build up a library of resources for community use				
Ability to foster a community of sharing and learning at community level				
Ability to collaborate with qualified professionals to ensure the community is aware of the diabetes care advice and services available within and outside communities				
<b>Scores</b>				
<b>Score this page</b>				
<b>Maximum score this page</b>				<b>128</b>

Competencies in the 15 core functions	1	2	3	4
<b>Administration</b>				
Knowledge of office administration				
Ability to prepare program updates, data/activity/annual reports, work plans and budgets				
Ability to assist and monitor staff's administrative and other duties				
Knowledge of data base systems and data entry				
Ability to perform own administrative duties such as data base input, calendar and contact updates, time sheets, expense claims, visa and budget tracker input, filing and photocopying				
Knowledge of financial management related to program implementation (departmental budgeting, processing payables, monitoring of program visas transactions, planning and managing costs related to events to resources management etc.				
Knowledge in book keeping/accounting				
Ability to ensure accurate client and service providers file administration				
Ability to oversee the maintenance and organization of both physical and digital client files in a timely manner				
Ability to assist in forwarding relevant diabetes/foot care information to be uploaded on Organization's website and social media tools				
Ability to administer all new client representatives and service providers contracts based on suitability and qualifications				
Ability to write and provide reports as required in conformity with position duties and/or program policies				
Knowledge of organization policies and operational plans				
<b>Orientation</b>				
Knowledge of the organization's operation including its mandate and values				
Knowledge of the services and procedures for the delivery of foot care within the department				
Ability to create orientation documents and materials that are reflective of program policies, to share with stakeholders				
Ability to provide program service information and processes to clients in order for them to receive care				
Ability to provide program service information and processes to providers to register with program				
Ability to explain to service provider who are registering with the program their responsibilities toward the program and its clients				
Ability to describe to new staff, service providers and other stakeholders, the program's nature, goals of and processes				
Ability to create and provide client service criteria for program services to all staff				
Knowledge of individual and group structured facilitation				
Ability to provide program service information to all stakeholders				
Ability to explain to clients the nature and functions of referral sources and their relationship to their current needs				
Ability to explain to client representatives what the program responsibilities are when services are requested				
Ability to use a communication style adapted to the audience				
Ability to share information obtained through research with trainees as well as organization's staff and community				
<b>Scores</b>				
<b>Total score this page</b>				
<b>Maximum score this page</b>	<b>108</b>			

Competencies in the 15 core functions	1	2	3	4
<b>Supervision</b>				
Ability to oversee and maintain program budget				
Ability to ensure all files so respect the personal health information privacy act				
Oversee internal and external communication to ensure a high level of stakeholder's satisfaction				
Ability to oversee all aspects of the department program and its team in achieving its work plan targets and objectives				
Ability to ensure the program's policies and criteria are followed when providing services				
Ability to apply leadership concept and approaches to self and to supervisory activities				
Knowledge of staff and clinical supervision's procedures, methods and guidelines				
Ability to articulate the purposes, goals and objectives of supervision to staff				
Capacity to implement appropriate use of supervisory interventions regarding all aspects of staff duties and responsibilities				
Knowledge of performance reviews, concepts and models				
Ability to conduct performance evaluations of program workers as directed by program director				
Ability to provide to staff regarding their job functions, performance & attitude				
Maintain client care safety and follow-up on all feedback and incidents followed by staff				
Ability to give staff feedback and guidance when necessary on a professional and personal level				
Ability to attend outreach events to ensure program protocols, priorities and privacy procedures are followed by staff, client representative, contract workers and all stakeholders involved				
Knowledge of adult training development and delivery methodologies				
Ability to orient and train new staff members				
Ability to identify staff training gaps and provide recommendations for the development of a training plan				
Ability to support staff professional development in order for them to carry out position duties				
Provide cross training opportunities within organization's departments				
<b>Scores</b>				
<b>Total score - supervision</b>				
<b>Maximum score – Supervision</b>				<b>84</b>
<b>Maximum score – 15 core functions</b>				<b>608</b>
Other professional skills relevant to this certification	1	2	3	4
Interpersonal				
Analytical				
Organizational				
Leadership				
Book keeping/Accounting				
Project management				
Event management				
Computer and software				
Negotiating				
Time Management skills				
Safety skills (First aid/CPR, WHMIS, infection control, food handling etc...)				
<b>Scores</b>				
<b>Total Score - Special Skills</b>				
<b>Maximum score – special skills</b>				<b>44</b>

<b>Cultural competency</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Knowledge of cultural approaches to diabetes</b>				
Knowledge of traditional food and their use in diabetes risk reduction				
Ability to implement and incorporate culture, beliefs, values and traditions in interventions				
Understands the positive impacts of culturally appropriate care on recovery and wellbeing				
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
<b>Indigenous language skills</b>				
Is currently enrolled in a native language training program				
Knowledge and ability to communicate with clients in an Aboriginal language				
<b>Professional competencies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Professional attitude</b>				
Knowledge of policies regarding confidentiality				
Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with individuals and families affected with diabetes				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Communicates truthfully and avoid misleading or raising unreasonable expectations in others				
Ability to respect the customs and beliefs of others				
Knowledge and understanding of the repercussions of colonization on Indigenous peoples				
<b>Professional conduct</b>				
Knowledge and respect of clients' rights and policies regarding confidentiality				
Knowledge of organizational policies related to behaviour in the workplace				
Ability to show respect, understanding and courtesy to others in all work relationship				
Knowledge of the organizational policies related to ethical conduct				
Ability to apply organizational or ICBOC code of ethics in all professional situations				
<b>Scores</b>				
<b>Total score - cultural and professional competencies</b>				
<b>Maximum score – cultural and professional competencies</b>				<b>68</b>

## Glossary of terms - All References

### Commitment to helping individuals and families affected with diabetes

Consider honesty, maintenance of healthy relationships, the ability to show understanding and compassion, and commitment to provide the highest standards of services to clients affected with diabetes and their family

### Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as evidence that the applicant considers his/her involvement in the field as more than a “job”

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

**Commitment to helping individuals and families affected by diabetes** \_\_\_\_\_

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

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**Other comments** \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

Street

City

Province

Postal code

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

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

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

## Employers<sup>1</sup> declaration - 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 Diabetes Program Foot Care Coordinator

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

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

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

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Colleague ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

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

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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

## Professional letter of reference #2

### In support of an application for certification as an Indigenous Diabetes Program Foot Care Coordinator

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

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

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

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend ☐ Colleague ☐ Supervisor ☐ Non-relative ☐ (Check this box if appropriate)

Please comment on the following characteristics regarding the applicant:

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

6. Commitment to Individuals and families affected by diabetes \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

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



## Consent form

### Consent for the release of information

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

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

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

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

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

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

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

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

### Circle of Life

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

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

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

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

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

### Examples:

#### a. Strengths

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

#### b. Spiritual

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

#### c. Emotional

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

#### d. Physical

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

#### e. Mental/Social/Cultural

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

## My personal wellness plan

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

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

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

B For my **Spiritual** wellbeing:

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

Steps I take to reach my goal:

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

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

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

C. For my **Emotional** wellbeing:

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

Steps I take to reach my goal:

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

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

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

D. For my **Physical** wellbeing:

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

Steps I take to reach my goal:

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

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

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

E. For my **Mental** wellbeing,

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

Steps I take to reach my goal:

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

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

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

## ICBOC CODE OF ETHICS\*

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

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Name (Please print)

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

## WHERE TO SUBMIT YOUR APPLICATION

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

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

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

**Telephone:** 604-874-7425

**Fax:** 604-874-7425

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

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

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

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