

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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## **APPLICATION PACKAGE FOR THE CERTIFICATION OF INDIGENOUS TEAM LEADERS IN DIABETES PROGRAM SERVICES**

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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 Team Leader in Diabetes Program Services (CITL-DPS). This package contains all the forms you need to apply for certification.

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, and
3. sending everything, including the certification application fee\* to the ICBOC office. There is a checklist page 4 to help you. All material must arrive in our office in one envelope.

\*<https://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-fees/>

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

To ensure that you understand the certification requirements, please request the **CERTIFICATION STANDARDS AND PROCEDURES SUMMARY FOR INDIGENOUS CERTIFIED TEAM LEADERS IN DIABETES PROGRAM SERVICES** by email or download it from our website at <http://icboc.ca/team-leader-in-diabetes-services/>

If your supervisor, referees or employer wish to keep their references confidential (*including the supervisor's evaluation*), please **provide each of them with an envelope (none are included in the application package)** with the following printed on the front:

**Name of applicant**

**Letter of Reference**

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:** If you change your address, telephone or email, **please do not forget to inform us.**

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 or email us at [registrar@icboc.ca](mailto:registrar@icboc.ca)

We look forward to receiving your application package and to assist 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 24. Please visit our website other information and document related to this certification ([www.icboc.ca](http://www.icboc.ca)).

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Educational Qualifications Form
	Copy of your certificates or diplomas from educational institutions
	Copy of your transcripts with number of course hours for each course
	Practicum/internship Report (if applicable)
	Copy of the certificates documenting the other trainings you have completed
	Declaration concerning the verification of training
	Current comprehensive Job Description
	Supervisor's Evaluation Form
	Letters of Reference #1 - personal reference
	Letters of Reference #2 - professional reference
	Employers' Letter of Declaration regarding Applicants' Criminal Record Checks
	Consent Form ( <i>Release of information</i> )
	Completed and signed Personal Wellness Plan
	Dated and signed Code of Ethics
	\$200.00 cheque, or money order, payable to: <b>Indigenous Certification Board of Canada or ICBOC</b>

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 24

## Personal Information

**Very important:** Please ensure that your contact information can be clearly read to avoid errors when we contact you by mail, email or phone. An email address allows us to communicate with you easily and quickly.

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

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

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

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

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

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

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

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

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

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

FIRST NATIONS 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 Team Leader in Diabetes Program Services 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: \_\_\_\_\_

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

DATE \_\_\_\_\_

## Employment History

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

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

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

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

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

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

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

DATE \_\_\_\_\_

## Employment verification form

### 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 for certification from the Indigenous Certification Board of Canada. Applicants must have employment utilizing diabetes program management skills. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



**Educational Qualifications**

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

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

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

**B. Post-Secondary Education:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 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 encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

**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.

Date of this declaration		Name of applicant	
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job Title of the person signing this declaration			
Telephone		Email	
<b>List of training(s) attended by this applicant</b>			
Date of training	Title of the training session	Hours	
<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.			
Name of qualified person _____			
Signature of qualified person _____			
Date _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Year</span> <span>Month</span> <span>Day</span> </div>		Telephone # _____	

## Supervisor's Evaluation Form (page 11 to 14)

**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** \_\_\_\_\_

### Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears above and who is applying for certification from the Indigenous Certification Board of Canada. Applicants must have employment utilizing diabetes program management 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** \_\_\_\_\_

**SCORING:** 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

KNOWLEDGE AND SKILLS IN THE SEVEN DOMAINS				
DOMAIN 1. DIABETES KNOWLEDGE AND PRACTICE	1	2	3	4
Knowledge in the epidemiology of diabetes among 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 the social issues and risk factors underlying the development of diabetes in Indigenous communities today				
Knowledge of the lifestyle factors that impact the development of diabetes in Indigenous communities				
Knowledge of diabetes anatomical impact and physiological processes				
Knowledge of the types of diabetes and their pathophysiology				
Knowledge of the psychosocial impact of diabetes on individuals, families and communities				
Knowledge of health promotion and diabetes prevention approaches				
Knowledge of current diabetes medical treatment options and interventions				
Knowledge of client education approaches in diabetes self-management and care				
Knowledge of Government diabetes policies/ strategies and their impact on First Nations, Inuit and Metis health programs and services				
Scores				
TOTAL SCORE DOMAIN 1				
Maximum Score				44

<b>DOMAIN 2. PROGRAM MANAGEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge and abilities to apply leading concepts relating to First Nations diabetes service/program delivery				
Knowledge and abilities in strategic and operational planning				
Ability to implement service/program planning activities with staff/team				
Ability to conduct service/program reviews and makes recommendations for their development				
Ability to incorporate new services and management information to ensure quality services to clients and community				
Knowledge and abilities of the key elements and processes of continuous service/program quality improvement.				
Knowledge and abilities in following and implementing generally accepted accounting principles				
<b>Scores</b>				
<b>TOTAL SCORE DOMAIN 2</b>				
<b>Maximum Score</b>			<b>28</b>	
<b>DOMAIN 3. HUMAN RESOURCES MANAGEMENT</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to assess human resource needs of a team within a diabetes, health and wellness service/program				
Ability to develop human resource management strategies and plans				
Knowledge and skills in the recruitment and selection of qualified employees				
Ability to supervise member of a team in order to achieve the goals and objectives of a service/program				
Ability to allocate time and financial resources needed for the professional development of the members of a team				
Knowledge and skills in performance appraisals of staff				
Knowledge of negotiations and conflict resolution				
The ability to guide and manage change, consistent with the vision and values of the program/service and organization.				
<b>Scores</b>				
<b>TOTAL SCORE DOMAIN 3</b>				
<b>Maximum Score</b>			<b>32</b>	

DOMAIN 4. LEADERSHIP	1	2	3	4
Knowledge of the key leadership styles, characteristics and values				
Ability to apply the mission and priorities of the organization into regular practice.				
Ability to facilitates the establishment and practice of a common vision and outcomes within an organization and/or a team				
Knowledge of the competencies linked to self-awareness, self-management, social awareness and relationship management				
Awareness of the limitations of one's own knowledge and skills				
Ability to accept and incorporate new ways of respecting and understanding with regard to First Nations diabetes education, prevention and health practice.				
Ability to facilitate and employ a team approach within a program, service or community service organization				
Ability to collaborate with health care professionals and para-professionals to deliver effective Diabetes Program Services				
Ability to ensure that culture is an integral part of the program/service delivery				
Scores				
TOTAL SCORE DOMAIN 4				
Maximum Score				36
DOMAIN 5. COMMUNICATION	1	2	3	4
Knowledge of the nature, role and styles of communication				
Capacity to select personal and interpersonal communication methods appropriate for a variety of audiences				
Familiarity in a variety of written communication formats (correspondence, reports, policies, proposals, case notes, etc.)				
Ability to identify and resolve communication barriers in the workplace				
Ability to listen and address concerns and issues expressed by the staff, community members and other key stakeholders				
Ability to translate complex diabetes and health care issues to community members in a language appropriate to the First Nation community				
Competence in the use of computers, and software applications the management and monitoring of documents and reports				
Scores				
TOTAL SCORE DOMAIN 5				
Maximum Score				28

<b>DOMAIN 6. CULTURAL KNOWLEDGE AND PRACTICE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of the history and of the intergenerational impact of colonization on First Nations, Inuit and Metis people in Canada				
Knowledge of indigenous perspectives and experiences in self-determination in the context of diabetes program development & delivery				
Knowledge of the relations between the social determinants of health and diabetes in indigenous communities				
Ability to reflect upon an organization's structures, policies and procedures, and to plan/implement culturally competent practices				
Understanding the traditional and community role of decision-making at the individual, family, and community levels				
Ability to identify and promote the use of community support structures (importance of Elders and knowledge keepers within communities)				
Knowledge of cultural approaches to education, professional and workforce development in the context of diabetes, health and wellness				
<b>Scores</b>				
<b>TOTAL SCORE DOMAIN 6</b>				
<b>Maximum Score</b>				<b>28</b>
<b>DOMAIN 7. PROFESSIONALISM</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to integrate First Nations values, beliefs, customs, traditions and practices to the development and delivery of diabetes services				
Demonstrates respect to people from diverse cultural, socio-economic and educational backgrounds, and persons of all ages, genders, sexual orientations and abilities.				
Ability to model how to function with integrity and in compliance with the established guidelines and rules of the service/program and organization				
Ability to create and maintain a safe, healthy, clean, and positive work environment				
Ability to conduct an assessment of the cultural competency of self, of the team and of the organization				
Ability to evaluate and accept one's own limitations and to refer to more competent persons when necessary				
Knowledge of the standards of conduct and code of Ethics and ability to model and have them applied in the workplace				
Ability to take care of oneself and awareness of the responsibility to manage one's stress and to balance one's personal and professional life				
<b>Scores</b>				
<b>TOTAL SCORE DOMAIN 7</b>				
<b>Maximum Score</b>				<b>32</b>
<b>TOTAL SCORE FOR ALL DOMAINS</b> (to be calculated by ICBOC)				

## Letter of Personal Reference #1

### In support of a candidate's application for professional certification as an Indigenous Team Leader in Diabetes Program Services

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

The above-named individual has applied for certification as an Indigenous Diabetes Team Leader in Diabetes Program Services 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 (circle one of the items listed)

Friend ☐ Co-worker ☐ Supervisor ☐ Non-relative ☐

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

3. Other Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please print

Address \_\_\_\_\_

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

Telephone (\_\_\_\_)

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

## Letter of Professional Reference #2

In support of a candidate's application for professional certification as an Indigenous Team Leader in Diabetes Program Services

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

The above-named individual has applied for certification as an Indigenous Team Leader in Diabetes Program Services 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)

Employer ☐

Co-worker ☐

Supervisor ☐

Non-relative ☐

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

3. Other Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Please print

Address \_\_\_\_\_

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

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 ICBOC 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

### Consent for the release of information

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

hereby authorize and consent for 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 that ICBOC **should not** release your information to):

If you authorize ICBOC to release information as is needed, 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 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 **Indigenous Certified Team Leader in Diabetes Program Services** professional 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 First Nations’ 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 Diabetes 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 to maintain recovery and wellness of the client.
- Show a genuine interest in helping and serving persons with diabetes 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)

**\*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 are to be made to ICBOC. We also accept payment via Internet Interac

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)

\*<https://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-fees/>