



**INDIGENOUS CERTIFICATION BOARD OF CANADA**  
**APPLICATION FOR A CERTIFICATION UPGRADE**

Date of upgrade application					
Name of applicant					
Job Title					
Home address		Prov.		Postal Code	
Cell #			Home #		
Email					
Current certificate No.		Expiry date			
Date you were first certified with ICBOC (Formerly FNWACCB)					
Employing organization					
Office/business address					
Work phone			Email		
<b>Note: If you obtained a certification through a Certification Equivalence and wish to apply for a certification upgrade, you will need to complete an application package for the certification you are applying for.</b>					
<b>REASON FOR THE UPGRADE APPLICATION</b>					
Current certification & level		Certification & level applied for			
<b>I have read about the current standards and requirements for the certification &amp; level I am applying for and I have (check appropriate box)</b>					
<ul style="list-style-type: none"> <li>• The required years of experience</li> <li>• The required academic qualifications</li> <li>• The number of hours and topics required</li> <li>• Proof of the other required competencies, knowledge and skills</li> <li>• <b>For upgrades from level II to level III: a new supervisor's evaluation with a score superior to the score obtained previously</b></li> <li>• <b>For upgrades from level III to level IV: Please consult the Level IV manual of standards and requirements</b></li> <li>• <b>For upgrades to Clinical Supervisor or Team Leader: Completion of the application package is required</b></li> </ul>					
<p>Upgrade applications are usually accepted when an applicant has accumulated at least 200 hours of training since the original certification application was submitted.</p> <ul style="list-style-type: none"> <li>• Forms and 2 and 3 are attached, please make sure you complete them as required in the instructions.</li> <li>• Please provide photocopies of your certificates/transcripts and/or the original of the declarations for each training (workshops, seminars, courses etc..) or education program you have completed during the last two years. Duplicates proofs of training sent as part of your previous certification or recertification applications are not accepted</li> <li>• Alternative forms of training are accepted for certification upgrades, please use form 3 if needed. It is mandatory that this form be completed by a qualified person.</li> </ul>					
<b>CERTIFICATION UPGRADE FEES</b>					
<b>PLEASE INSURE THAT YOU HAVE ENCLOSED</b> the certification upgrade fee with your application. Application are reviewed only when applications are complete, and include the upgrading fees.					
<b>SENDING YOUR APPLICATION FOR A CERTIFICATION UPGRADE</b>					
Please send this form, the photocopies of your certificates as well as the certification upgrade fees to the following address: Registrar Indigenous Certification Board of Canada P.O. Box 3999 Kanesatake, Qc J0N 1E0					
<b>IMPORTANT: please make your cheque or money order payable to ICBOC</b>					

**RECERTIFICATION APPLICATION GUIDELINES**  
**INSTRUCTIONS FOR COMPLETING FORM 2**

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.

**FORM 2 – TRAINING PROVIDED BY EXTERNAL PROVIDERS**

<b>Applicant's name</b>			
<b>Training Provider</b> (organization, conference, trainer)	<b>Title of training</b> (as indicated on certificate)	<b>Hours</b>	<b>Proof</b>
		<b>TOTAL HOURS</b>	

## RECERTIFICATION APPLICATION GUIDELINES

### INSTRUCTIONS FOR COMPLETING FORM 3

#### 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 form 2.
- Please complete one form (form 3) per situation. Do not list learnings/trainings acquired in multiple situations on one single form. Please make as many photocopies of form 3 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 form 3 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 form 3 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.

**FORM 3 - DECLARATION OF ALTERNATIVE LEARNING/TRAINING**

Name of applicant		Date of this declaration	
Through which situation did you acquire the learning/training you are listing in this form (Check appropriate box)			
Situation 1	Situation 2	Situation 3	Documents for situation 3 are included? (checkmark the box)
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		
Date	Title of the training session		Hours

**Note:** If you need more space to list the training that the applicant has attended/completed, please photocopy this page.  
**Please ensure that the declaration section below is completed.**

**DECLARATION**

I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.

Name of qualified person \_\_\_\_\_

Signature of qualified person \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_  
Day                      Month                      Year