

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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**APPLICATION PACKAGE FOR THE CERTIFICATION OF  
INDIGENOUS ADDICTIONS SPECIALISTS  
LEVELS I, II, III**

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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 submit is included on **page 4**.

## Instructions for completing this application package

We trust you consulted the **Summaries of Standards and Requirements for Certified Indigenous Addictions Specialists (CIAS), set for each level of this specialist certification**, available on our website at <https://icboc.ca/certification/list-of-certifications/certified-indigenous-addictions-specialist-levels-i-ii-and-iii-icias-i-ii-iii/>, before applying for this certification, and that you verified that your experience, academic qualifications and education/training meet these certification standards and requirements.

If you have done so and can vouch that you satisfy these standards and requirements, congratulations! You are ready to achieve your goal to become a **Certified Indigenous Addictions Specialists (CIAS)**. The level of certification you will be granted is determined by the Registrar and will reflect the level's standards and requirements your application and supporting document have satisfied.

This package contains all the forms you need to apply for certification. Now that you have downloaded it, 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/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

**Reminder:** If you are applying as a clinical supervisor at the same time as a certification at level III, please also consult and complete the Certified Indigenous Clinical Supervisor Certification Specialized in Addictions (CICSA) application package. Please note that two set of fees will be charged for these simultaneous applications.

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

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

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

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

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

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 450-983-8444 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 30. 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"/>	Assurance's form
<input type="checkbox"/>	Employment history form
<input type="checkbox"/>	Employment verification form
<input type="checkbox"/>	Educational qualifications form
<input type="checkbox"/>	Alternative learning/training declaration form
<input type="checkbox"/>	Training provided by external providers form
<input type="checkbox"/>	Copy of your graduation certificates or diplomas from educational institutions
<input type="checkbox"/>	Copy of your formal and/or informal transcripts from educational institutions
<input type="checkbox"/>	Copy of course descriptions completed in an in educational institution program
<input type="checkbox"/>	Copy of your graduation certificates from all other training providers
<input type="checkbox"/>	Copy of your declarations/affidavits (if applicable)
<input type="checkbox"/>	Copy of the certificates documenting any trainings you have completed (in-house and external training ex. workshops, webinars, short courses, conferences, online, mandatory topics)
<input type="checkbox"/>	Practicum/internship report (if applicable)
<input type="checkbox"/>	Current comprehensive job description
<input type="checkbox"/>	Supervisor's evaluation form
<input type="checkbox"/>	Supervisor's reference
<input type="checkbox"/>	Letter of reference #1 - personal reference
<input type="checkbox"/>	Letter 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 to the <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/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

All of the required forms that make up the application package must be received as **one complete package** in order the Registrar to process your application. Please 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 450-983-8444 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 30

## Personal information

**Very important:** Please ensure that your address and other 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 \_\_\_\_\_

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 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 a Certified Indigenous Addictions Specialist 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**  
To be completed by employer or supervisor

**Applicant:** If verification by more than one employer is required to meet the Certified Indigenous Addictions Specialist 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 a **Certified Indigenous Addictions Specialist**. Applicants must have employment utilizing counselling knowledge and skills in wellness/addictions. **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: \_\_\_\_\_

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

DATE \_\_\_\_\_



## Educational qualifications

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

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

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

### B. Post-Secondary Education:

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

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

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 \_\_\_\_\_

**Declaration regarding and applicant's alternative learning/training**  
**INSTRUCTIONS FOR COMPLETING THE DECLARATION ON PAGE 11**

**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. ICBOC considers three distinct situations where this kind of alternative learning/training can be acquired and recognized:

**Which situations are recognized as alternative learning/training?**

**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 yourself. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc... communicating your 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 carefully read, use, and complete the form below and/or any copies you submit exactly as instructed, or it/they will not be accepted.
- **Please complete one copy of the form page 11 below per situation** (but you can make photocopies of each form corresponding to a given situation if you need more space).
- You can make photocopies of each form corresponding to a given situation if you need more space.
- **Do not list** learnings/trainings acquired in **multiple situations on one single form.**
- **Do not use this form to list training provided by external trainers/facilitators.** If you attended in-house or other trainings in other formats, but provided by **external facilitators**, please use, and complete the form on page 13.
- Please note that **the maximum number of hours** accepted as part of the Declaration of alternative learning/training **for ALL submitted forms must not exceed 26 hours.**
- **Ensure that each copy** of the forms submitted **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 a form 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 on the form or it will not be accepted.

## Declaration regarding and applicant's alternative learning/training

Please ensure the form(s) you wish to submit is/are completed by a qualified person (employer, Elder, Executive Director, Supervisor, Human resources Manager or by another person responsible for the training of the personnel, and who can sign the form(s) to document the learning hours acquired through one or several of the distinct situations among those mentioned.

Do not document, in one single form the learning acquired in the context of multiple situations. In total, a maximum 26 hours will be accepted, no matter the number of forms that are submitted. These 26 hours represent more than half the 40 hours required for the renewal of a certification.

### REMINDERS:

- Please read, use and complete this form carefully, as instructed on page 10. **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 or other trainings in other formats, but provided by external facilitators, please use and complete the form on page 13.
- You are responsible for requesting and obtaining certificates from external them, and for submitting them with your application

**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>Name of applicant</b>			
<b>The alternative learnings you are reporting in this form were acquired in which situation (situation 1, 2 or 3 ?)</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>Dates of learnings</b>	<b>Title of the learning session</b>		<b>Hours</b>
<p><b>Note:</b> If you need more space to list the training that the applicant has attended/completed in the context of different situations (1, 2 or 3), please photocopy this page.</p>			
<b>DECLARATION</b>			
<p>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.</p>			
<p>Name of qualified person _____</p>			
<p>Signature of qualified person _____</p>			
<p>Date _____</p> <p style="text-align: center; font-size: small;">Year                      Month                      Day</p>		<p>Telephone # _____</p>	

## Training Provided by External Providers

### INSTRUCTIONS FOR COMPLETING THE FORM ON PAGE 13

The form page 13 is to document training that you have completed and that was delivered by external providers.

#### Who Are Considered External Providers?

- Trainers/facilitators that are invited to your place of work or to your community to deliver training. Both training formats are considered in-house training. but you must use the form page 13 to list these trainings and submit the required proofs.
- Facilitators, presenters, or instructors who delivered the training you completed outside of your place of work or community

#### Types of trainings delivered by external providers

- **In-house training**

Training delivered in your place of work or in your community are considered in-house training. But you must use the form page 13 to list these trainings and submit the required proofs.

- **External training**

The following are considered external training, delivered by external providers:

- Formal courses or programs delivered by universities and/or colleges or other educational institutions (online or classroom-based)
- Informal training in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or in the context of conferences (online or classroom based)

#### What are the proofs of training accepted by ICBOC?

1. **Certificates:** You are responsible for obtaining certificates of attendance/completion from external training providers. Certificates must be submitted for every completed training and must bear the following information: the name or logo of the training provider, your full name, the date (s) of the training, the training title(s) and number of training hours, and the signature of the training provider or facilitator. Certificates that do not indicate these information items are not accepted. When only the date(s) of training is/are indicated on the certificates, ICBOC grants 6.5 hours for each day of training.
2. **Declarations or affidavits:** If under special circumstances, you do not have access to or cannot acquire a certificate, ICBOC will accept a declaration on the employer's letterhead, from a person qualified to vouch for the training you have completed. This includes your employer/executive director, your supervisor, the human resources manager of training coordinator or manager. The declaration must mention your full name, the date(s) of the training, the training title(s) and number of training hours, as well as the complete and legible contact information of the qualified signatory.
3. **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
4. **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 these 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.
5. **Proof of Conference training attendance/completion** 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 proof of attendance and completion



## Supervisor's evaluation form (page 14 to 19)

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

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

**Dear employer/supervisor:**

You are requested to verify the employment of the applicant whose name appears above and who is applying to the Indigenous Certification Board of Canada for certification as a **Certified Indigenous Addictions Specialist**. Applicants must have employment utilizing counselling knowledge and skills in wellness/addictions. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

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

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

Counselling  % Case management  % Treatment Planning  % Referral  %

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

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

Core knowledge in addictions and mental wellness	1	2	3	4
Knowledge of various forms of addictions (substance, solvents, and process addictions).				
Effects of alcohol on the human body				
Early, middle and late signs and symptoms of addictions and/or polydrug abuse.				
Biological, psychological and sociological factors that determine an individual's level of involvement with substances				
Knowledge of the socio/economic effects of addiction on individuals, families and communities				
Knowledge of the basic principles and definitions of pharmacology				
Ability to describe the characteristics of family dysfunctions				
Knowledge of human growth and development.				
Understands the consequences of maladaptive behaviour on this process				
Knowledge of the processes of recovery, including western and traditional models				
Knowledge of relapse prevention planning and techniques				
Knowledge of the gaps in the social determinants of health that affect Indigenous communities				
Capacity to define the Indigenous concept of mental wellness				
Knowledge of Indigenous approaches to mental wellness				
Knowledge of personal care and individual responsibility for the practice of basic stress management as it relates to service delivery, including understanding balancing of professional and personal lives				
<b>Scores</b>				
<b>Total score - Core knowledge in addiction and mental wellness</b>				
<b>Maximum score – Core knowledge in addictions and mental wellness</b>				<b>60</b>



<b>General knowledge and skills in support of professional practice (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Interviewing skills</b>				
Understands the role of interviewing in gathering relevant information				
Knowledge of effective interviewing approaches and techniques				
Use a style of interviewing best able to establish good rapport with clients, to motivate them and elicit information from them				
Knowledge of privacy, confidentiality protocols, regulations and client rights				
Ability to keep clear and accurate records from interviews				
<b>Conflict management (resolution/mediation)</b>				
Awareness of possible sources of conflict				
Knowledge of culturally appropriate conflict management approaches and practices				
Experience with conflict management in the workplace				
Knowledge of resources to call on in situations of conflict				
<b>Scores</b>				
<b>Total score - Interviewing skills and conflict management</b>				
<b>Maximum score - Interviewing skills and conflict management</b>				<b>44</b>
<b>Maximum score – General knowledge and skills in support of professional practice</b>				<b>96</b>
<b>Knowledge and practice in the core functions of a CIAS</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Screening</b>				
Knowledge and understanding of the role of screening				
Knowledge of culturally appropriate screening methods, tasks and tools				
Knowledge of methods/approaches to screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms				
Capacity to interpret the results of screening				
Ability to interpret screening results and provide motivational feedback to clients				
Ability to use assessment results to provide customized services				
<b>Intake</b>				
Knowledge of necessary administrative procedures for admission to treatment				
Knowledge of data gathering tools related to admission (forms, filing procedures)				
Knowledge of interviewing techniques				
Knowledge of protocols regarding the gathering and storing personal client information				
Capacity to listen, offer choices, respect client preference and make client feel valued				
Capacity to assess clients' needs and to prioritize these needs				
<b>Client orientation</b>				
Knowledge of the protocols and policies in place for the management of the treatment program, clients' rights and clients' behavior expectations				
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc....				
<b>Scores</b>				
<b>Total Score - screening – Intake – Client orientation</b>				
<b>Maximum score – Screening – Intake – Client orientation</b>				<b>56</b>



<b>Knowledge and practice in the core functions of a CIAS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Assessment</b>				
Knowledge of assessment as an important component of a client-centered plan				
Knowledge of culturally appropriate assessment methods, tasks and instruments				
Ability to provide information to clients about the link between their problems and substance use				
Ability to interpret assessment results				
Ability to provide motivational feedback to clients by providing a personalized individual profile of the assessment results				
Ability to use assessment results to customize the services provided to a client				
Knowledge of and ability to use trauma informed assessments methods and tools				
<b>Treatment planning</b>				
Understand the value of an interdisciplinary approach to addiction treatment				
Ability to prioritize the client's needs in the order they will be addressed in treatment				
Knowledge of treatment approaches and long-range rehabilitation processes				
Awareness of the needs for medical care, post treatment crisis and support, to forge and maintain a wellness lifestyle				
Capacity to translate assessment information into treatment plans, with clear goals and outcomes				
Ability to involve clients in the process of planning individualized treatment, admission, and discharge				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
Knowledge of and ability to participate in various comprehensive treatment processes, knowledge of their rationale, relationship to other methods, and their strengths, limitations and appropriateness for treatment				
Ability to make treatment recommendations based on information obtained from relevant instruments (ex: screening and assessment results) matching treatment to clients needs, ability and preferences including clients' legal rights				
<b>Client education</b>				
Ability to educate individuals & groups on the effects of alcohol misuse and abuse				
Ability to explain the risks and implications related to psychoactive substance use				
Knowledge of available prevention, treatment services and recovery resources				
Ability to provide information using methodologies matching the needs of the audience				
<b>Case management</b>				
Knowledge of case management models				
Knowledge of treatment options				
Capacity to develop, evaluate, adjust, treatment plans as appropriate				
Knowledge of methods to assess client's progress toward treatment goals				
Ability to match clients and most appropriate available services				
Knowledge of resources (self-help groups, agencies, crisis intervention programs, other professionals, governmental entities, etc..) to address client's needs				
Maintains helping relationship with clients, their family, co-workers, and other colleagues				
Ability to advocate for clients				
<b>Scores</b>				
<b>Total score this page – 11 Core functions</b>				
<b>Maximum score this page – Core functions</b>				<b>112</b>

<b>Knowledge and practice in the core functions of a CIAS (ctnd)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>Referral</b>				
Understands the role and scope of outreach services				
Knowledge of and access to community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to interpret the needs of individuals and families affected by drugs and alcohol				
Ability to determine appropriate referrals and educational resources (traditional/cultural/spiritual/pastoral counseling, vocational/occupational counseling)				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
Explains referral resources and their function in relationship to the client's needs				
Ability to follow-up to ensure client gets satisfactory service from other providers				
<b>Crisis intervention</b>				
Knows and understands what constitutes a crisis and is able to recognize a client in crisis				
Knowledge of the principles of crisis intervention				
Ability to use effective verbal and non-verbal communication to deal with a client in crisis				
Capacity to develop and implement a plan for resolving a crisis				
Knowledge of counseling techniques for individuals in crisis in order to ensure safety and promote positive change				
Knowledge of community resources and supports to assist management of crisis				
<b>Reports and record keeping</b>				
Knowledge of accepted principles of client record management				
Ability to prepare reports/records that comply with regulations				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records				
Protects client's privacy and confidentiality rights when preparing and handling records				
Ability to record progress of client in relation to treatment goals				
<b>Teamwork</b>				
Ability to gather information about client and client's treatment process to identify consultation needs				
Communicates with internal and external resources able to respond to client's needs				
Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders				
Respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies				
Ability to summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment				
<b>Scores</b>				
<b>Total score this page – 11 Core functions</b>				
<b>Maximum score this page – Core functions</b>				<b>96</b>
<b>Total maximum score – Core functions</b>				<b>264</b>

<b>Cultural Competencies</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous families and communities				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among Indigenous families and communities				
Knowledge and understanding of client's predominant culture, tribal customs, traditions				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values, traditions, and cultural/spiritual ceremonies				
Supports and assist client's participation in traditional and cultural aspects of spiritual recovery				
Understands the intergenerational impact of colonization and oppression				
Uses his/her indigenous language in the services provided to clients				
<b>Scores</b>				
<b>Total Score – Cultural competencies</b>				
<b>Maximum Score– Cultural competencies</b>				<b>28</b>
<b>Professional Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to create and implement a wellness plan				
Maintains a warm, compassionate, healthy and balanced relationship with clients				
Ability to be exemplary, courteous, tactful in all situations and interactions				
Ability to be a role model with clients and peers				
Maintains confidentiality of all records, materials and communications concerning clients				
Communicates truthfully, avoids misleading or unreasonable expectations in others				
Demonstrates genuine and authentic interest in supporting and supporting addicts in ultimately helping themselves				
Knows the values/teachings guiding personal and profession conduct in relationships				
Respect of the ethical conduct guidelines, policies, and regulations at the place of work				
Knowledge of the legal rights of clients				
Demonstrates commitment to develop and maintain professional competence				
Treats all clients with respect irrespective of age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status				
<b>Scores</b>				
<b>Total Score – Professional integrity</b>				
<b>Maximum Score – Professional integrity</b>				<b>48</b>
<b>Total maximum Score – Cultural competencies and Professional integrity</b>				<b>76</b>

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

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

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

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

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

**Personal history of alcohol or other substance misuse** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Commitment to helping alcohol/drug misusers** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ADDRESS \_\_\_\_\_

Street

City

Province

Postal code

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

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

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

**Glossary of terms - Supervisor's Reference**

**Moral Character**

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

**Professionalism**

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

**Community Standing**

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

**Commitment to helping alcohol/drug misusers**

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

## Employers<sup>1</sup> Declaration - Applicants Criminal Record Checks

The Indigenous Certification Board of Canada 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 client's rests with the employer. To know more about 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 ensuring 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 a Certified Indigenous Addictions Specialist

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

The above-named individual has applied for certification as a **Certified Indigenous Addictions Specialist** 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 return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

6. Commitment to helping alcohol/drug misusers \_\_\_\_\_

\_\_\_\_\_

## Personal letter of reference #1 (second page)

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

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

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

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

## Glossary of terms – Reference letter #1

### Moral Character

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

### Professionalism

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

### Community Standing

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

### Commitment to helping alcohol/drug misusers

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

## Professional letter of reference #2

### In support of an application for certification as a Certified Indigenous Addictions Specialist

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

The above-named individual has applied for certification as a **Certified Indigenous Addictions Specialist** 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 return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

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

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

6. Commitment to helping alcohol/drug misusers \_\_\_\_\_

\_\_\_\_\_



## Professional letter of reference #2 (second page)

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

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

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

Address \_\_\_\_\_

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

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

Signature \_\_\_\_\_

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

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

## Glossary of terms – Reference letter #1

### Moral Character

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

### Professionalism

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

### Community Standing

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

### Commitment to helping alcohol/drug misusers

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

## Consent form

### Consent for the release of information

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

hereby consent to and authorize 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.

### Circle of Life

All **Certified Indigenous Addictions Specialists** 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

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

## 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.

**NEW:** payment by Interac E-transfer can be sent to [admin@icboc.ca](mailto:admin@icboc.ca)

Registrar, ICBOC

P.O. Box 3999

Kanesatake, QC

J0N 1E0

**Telephone:** 450-983-8444

**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/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>