

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS DIABETES PROGRAM COORDINATORS**

Contents of the application package for the certification of Indigenous Diabetes Program Coordinators (CIDPC)

| FORMS | PAGE |
|---|------|
| Instructions for Completing this Application Package | 3 |
| Check List | 4 |
| Assurances Form | 6 |
| Employment history Form | 7 |
| Employment verification Form <i>(Photocopy the form if you have had different employers)</i> | 8 |
| Educational qualifications Form <i>(Photocopy the form if you have education/training from more than 3 educational institution)</i> | 9 |
| Declaration verifying an applicant's alternative learning/training <i>(read carefully)</i> | 10 |
| Supervisor's Evaluation Form <i>(pages 11 to 13)</i> | 11 |
| Glossary of terms <i>(Supervisor's Reference)</i> | 15 |
| Supervisor's Reference | 16 |
| Employers' Letter of Declaration regarding Applicants' Criminal Record Checks | 17 |
| Letter of Reference # 1 - Personal <i>(Using the form provided, obtain one letter of personal reference from an individual who has known you (not a relative) for at least three years).</i> | 18 |
| Letter of Reference # 2 - Professional <i>(Using the forms, obtain one letter of professional reference from an individual who has known you for one full year.</i> | 20 |
| Consent Form <i>(Release of information)</i> | 22 |
| Wellness Plan to complete and sign <i>(Keep a copy for yourself)</i> | 23 |
| ICBOC's Code of Ethics dated and signed <i>(You can submit your own employer's code of Ethics, signed and dated instead of the ICBOC Code of Ethics)</i> | 25 |
| Where to submit your application | 25 |
| For your convenience we have attached the Summary of Standards and Requirements that corresponds to this certification application, so you can verify your experience, knowledge and skills against ICBOC requirements. Each required training topic is explained, as well as the description of the Core Functions | |

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

Have you consulted the attached **Summary of Standards and Requirements for Indigenous Diabetes Program Coordinators**, to confirm that you verified that your experience, academic qualifications and education/training meet these certification standards and requirements?

If Yes, please check this box ☐

Congratulations! You are now ready to achieve your goal to become a **Certified Indigenous Diabetes Program Coordinator (CIDPC)**.

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
 3. sending everything, including the application fee that fits your situation* to the ICBOC office.
- There is a check list on page 4 to help you. All the material must arrive in our office in one envelope.

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

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

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** with the cheque or money order (payable to the Indigenous Certification Board of Canada or ICBOC) has been received. Be sure to include your return address on the outside of the envelope containing your application package.

IMPORTANT: You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any 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 or 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 25. Please visit our website for other information and documents related to this certification (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) |
| | Photocopy of the certificates documenting any other trainings you have completed |
| | Education/training form regarding the certification requirements |
| | 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 |
| | Payment of the Certification fee*, in the form of a cheque, or money order, payable or Indigenous Certification Board of Canada or ICBOC |

*For more information on applicable fees, please consult <https://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-fees/>

All of the required forms that make up the application package must be received by the Registrar as **one complete package** in order for us to process your application. Keep the originals of your certificates, as well as a copy of the other documents in your application for your own records.

If you require more information or assistance, please contact the ICBOC office at 450-983-8444 or by email at registrar@icboc.ca or 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 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 _____
Work

email

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

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

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

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

DATE _____ SIGNATURE _____

PRINT NAME: _____

Employment History

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

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

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

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

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

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

Employment verification form

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

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Diabetes Program Coordinator. Applicants must have employment utilizing wellness/addictions 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) _____

Title of employer/supervisor: _____

Position of Applicant _____ Employed from _____ To _____
month/day/year month/day/yearMajor 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/yearBriefly describe the applicant's major duties in this previous position: _____

_____2. Job title _____ Employed from _____ To _____
month/day/year month/day/yearBriefly describe the applicant's major duties in this previous position: _____

Signature of employer/supervisor: _____ Date: _____

Educational Qualifications

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

A. Secondary Education: (check appropriate box)

☐ High School Diploma ☐ GED ☐ Other* _____
(please specify)

B. Post-Secondary Education:

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

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

Name of University/College: _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

Name of University/College: _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

3. **Name of University/College:** _____

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

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

ICBOC - Declaration verifying an applicant's alternative learning/training

As an indigenous, culture-based certifying body, ICBOC recognizes that there are other means of learning that do not involve attending in-class training, and we believe that knowledge and skills can also be acquired through other, alternative means. We applaud employers and supervisors who encourage the sharing of knowledge that already exists in their place of work. Creating a community/circle of learning in a workplace is a great way to enhance and motivate 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). If an Elder is not able to sign, another designated person can vouch for the activity, make sure the Elder's name and contact information is provided)

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 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 | |
| List of training(s) attended by this applicant | | | |
| Date of training | Title of the training session | | Hours |
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| 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. | | | |
| Signature of qualified person _____ | | | |
| Date _____ | | Telephone # _____ | |
| Year | Month | Day | |

Supervisor's Evaluation Form (page 11 to 13)

NAME OF APPLICANT: _____

Dear employer/supervisor:

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

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

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

Health promotion % Diabetes Prevention % Community outreach % Care delivery %

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

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

| CIDPC – CORE KNOWLEDGE AND SKILLS | 1 | 2 | 3 | 4 |
|--|---|---|---|-----------|
| Basic Diabetes knowledge and Skills – Indigenous Focus | | | | |
| Knowledge of the prevalence of diabetes in Indigenous communities | | | | |
| Ability to identify the causes, risk factors of the types of diabetes in Indigenous communities | | | | |
| Understands glucose metabolism and blood glucose monitoring | | | | |
| Ability to identify the signs and symptoms of the different types of diabetes | | | | |
| Knowledge of the physiological processes linked to diabetes | | | | |
| Knowledge of the common complications of diabetes | | | | |
| Ability to identify individuals and families at risk for complications | | | | |
| Ability to identify the social impacts of diabetes on the individual, his/her families and community | | | | |
| Knowledge of community resources available to assist individuals and families cope with Diabetes | | | | |
| Health promotion, diabetes prevention, and Client education | | | | |
| Knowledge of approaches focused on diabetes prevention and risk reduction | | | | |
| Ability to identify the barriers to diabetes prevention and risk reduction within the community | | | | |
| Knowledge of the traditional approaches to diabetes prevention and care | | | | |
| Awareness of the common myths associated with diabetes and diabetes care | | | | |
| Ability to assist individuals and their family develop/implement a diabetes care/wellness plan | | | | |
| Introduction to non invasive foot care | | | | |
| Knowledge of the impact of diabetes on the feet | | | | |
| Ability to do a basic assessment of the feet | | | | |
| Knowledge of particular areas of the foot needing specific care | | | | |
| Knowledge of foot injuries that require medical attention | | | | |
| Knowledge of the different products or equipment to prevent or treat foot issues | | | | |
| Knowledge of the limits to be respected in regard to the foot care to be provided as a CIDPC | | | | |
| Scores | | | | |
| Total Score | | | | |
| Maximum Score - Core Knowledge and Skills in Diabetes | | | | 80 |

| CIDPC- GENERAL KNOWLEDGE AND SKILLS | | | | | 1 | 2 | 3 | 4 |
|--|--|--|--|--|---|---|---|---|
| Communication | | | | | | | | |
| Ability to write in plain language, and producing clear, concise, logical written material | | | | | | | | |
| Ability to develop supportive relationship with people with diabetes and their family | | | | | | | | |
| Ability to communicate information in a way that is clear and easy to understand | | | | | | | | |
| Knowledge and ability to communicate with clients in an Aboriginal language | | | | | | | | |
| Interviewing Skills | | | | | | | | |
| Knowledge of effective interviewing approaches and techniques | | | | | | | | |
| Knowledge of privacy, confidentiality protocols, regulations and client rights | | | | | | | | |
| Ability to keep clear and accurate records from interviews | | | | | | | | |
| Conflict Management | | | | | | | | |
| Knowledge of culturally appropriate conflict management approaches and practices | | | | | | | | |
| Experience with conflict management in the work place | | | | | | | | |
| Knowledge of resources to call on in situations of conflict | | | | | | | | |
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| KNOWLEDGE IN THE 8 CORE FUNCTIONS OF A CIDPC | | | | |
|---|---|---|---|------------|
| | 1 | 2 | 3 | 4 |
| 6. Care delivery | | | | |
| Knowledge and skills in delivery the diabetes care needed by people in the community | | | | |
| Collaborate with qualified professionals to foster community awareness of the diabetes care advice and services available within and outside the community | | | | |
| Commitment to maintain and enhance own knowledge and skills through a variety of means | | | | |
| 7. Team work | | | | |
| Ability to participate contribute in team meeting in a tactful and constructive manner | | | | |
| Ability to foster a community of learning and sharing within program team and communities | | | | |
| Ability to search for and gather information on topics related to diabetes, its prevention, treatment, and management and build up library of resources for program/community use | | | | |
| 8. Administration | | | | |
| Basic knowledge of program/project budgeting | | | | |
| Basic computer skills | | | | |
| Knowledge and skills in the administrative tasks related to services provided by the program | | | | |
| Ability to produce reports as required | | | | |
| Scores | | | | |
| Total Score Core Functions - this page | | | | |
| Maximum Score - Core Functions – this page | | | | 40 |
| TOTAL SCORE – Core Functions | | | | 100 |
| CULTURAL COMPETENCY | | | | |
| | 1 | 2 | 3 | 4 |
| Knowledge of cultural approaches to diabetes | | | | |
| Knowledge and understanding of the repercussions of colonization on Indigenous peoples | | | | |
| Knowledge of traditional food and their use in diabetes risk reduction and management | | | | |
| Ability to implement and incorporate culture, beliefs, values and traditions in interventions | | | | |
| Understands the positive impacts of culturally appropriate care on recovery and wellbeing | | | | |
| Knowledge and ability to communicate with clients in an Aboriginal language | | | | |
| Scores | | | | |
| Total Score - Cultural competency | | | | |
| Maximum Score – Cultural Competencies | | | | 20 |
| PROFESSIONAL COMPETENCIES | | | | |
| | 1 | 2 | 3 | 4 |
| Professional attitude | | | | |
| Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with individuals and families affected with diabetes | | | | |
| Ability to be exemplary, courteous, tactful and truthful in all situations and interactions | | | | |
| Knowledge of the values/teachings that guide personal and profession conduct in relationships | | | | |
| Professional ethics | | | | |
| Knowledge of the concept of ethics and its application in a professional context | | | | |
| Understand the obligations related to client confidentiality | | | | |
| Ability to be a role model in the discharge of professional responsibility and conduct | | | | |
| Knowledge and adherence to the ICBOC code of ethics | | | | |
| Knowledge and adherence to the professional ethics in place at the place of work | | | | |
| Scores | | | | |
| Total Score - Professional competencies | | | | |
| Maximum Score – Professional Competencies | | | | 32 |

GLOSSARY OF TERMS (letter of reference #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- Coordinators

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co- Coordinators, 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 individuals and families affected with diabetes

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

SUPERVISOR's REFERENCE - Please comment on the following

Moral Character _____

Professionalism _____

Community Standing _____

Commitment to helping individuals and families affected by diabetes _____

Name of Supervisor (please print): _____

ADDRESS _____

Street

City

Province

Postal code

TELEPHONE (____) _____

Signature: _____

Date: _____

Employers¹ Letter of Declaration Regarding Applicants Criminal Record Checks

ICBOC does **not** require criminal record checks as part of our certification process. The responsibility for ensuring that checks are done to protect the safety and welfare of clients rests with the employer. To know more about the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC

Name of applicant _____

Name of organisation or institution where the applicant is employed _____

Employer's name _____

I, _____ affirm that I am the applicant's employer.

I moreover declare that, in accordance with all applicable laws, a criminal record check was conducted on the applicant prior to commencement of employment and/or within 90 days of applying for certification and that, as an employer, I am satisfied that the applicant does not pose any risk to clients.

I confirm that that I am the person authorized to sign this declaration and that the information I have provided in this declaration is correct and complete.

Signature of the employer _____

Date: _____

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

Personal Letter of Reference #1

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

NAME OF APPLICANT: _____

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

If you wish, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

6. Commitment to Individuals and families affected by diabetes _____

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 (letter of reference #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- Coordinators

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co- Coordinators, 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 individuals and families affected with diabetes

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 an Indigenous Diabetes Program Coordinator

NAME OF APPLICANT: _____

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

If you wish, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

6. Commitment to Individuals and families affected by diabetes _____

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 (letter of reference #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- Coordinators

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co- Coordinators, 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 individuals and families affected by diabetes

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

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

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

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

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

Personal Wellness Plan

Circle of Life

All **Certified Indigenous Diabetes Program Coordinator** 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

If your employer/organization already have a Code of Ethics you can submit it instead of the ICBOC Code of Ethics. Just ensure that your own organizational Code of Ethics is dated and signed.

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

- Maintain a healthy lifestyle during our tenure as Indigenous certified professionals.
- Strive to incorporate the spiritual teachings of our ancestors into our daily lives.
- Take personal responsibility for continued growth through education, training and a developmental wellness plan.
- Be dedicated to the primary goal of maintaining the optimum wellness of the client.
- Show a genuine interest in helping and serving persons with diabetes issues and be dedicated to the concept of wellness, 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 clients, their family and the community
- Where necessary, have recourse to other health professionals and/or services to assist and guide the client in her/his recovery and wellness.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in the client’s best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, code of conduct, and any other clause, regulation, stipulation in effect in your place of work and that you are responsible to apply in your personal and/or professional life
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

Signature

Date: _____

Name (Please print)

WHERE TO SUBMIT YOUR APPLICATION

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

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

Registrar, ICBOC

P.O. Box 3999

Kanesatake, Qc

J0N 1E0

Telephone: 450-983-8444

Email: registrar@icboc.ca

Website: www.icboc.ca

*For more information on applicable fees, please consult the list of fees at
<https://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-fees/>

| SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS DIABETES PROGRAM COORDINATOR (CIDPC) | | |
|--|---|------------------|
| This professional certification is for unregulated workers employed in diabetes programs and services at community or regional/provincial level. Program coordinators may have a range of functions within these programs and services, but this professional certification requires a broad array of knowledge and skills, focused on serving the various needs of Indigenous individuals, families and communities affected by diabetes. | | |
| Education | Completion of diploma in a community diabetes support worker program or a certificate related to community support plus additional training/education on Diabetes, to reflect the requirements of this certification | |
| Experience | Three years minimum of work experience or practice, in a remunerated position that includes diabetes services to individuals, families, community and, at times, including schools and organizations | 3 years |
| Education - Training Minimum 500 hours | Core Knowledge and Skills in Diabetes | 150 hours |
| | • Epidemiology and prevalence of diabetes in Indigenous Communities | 10 |
| | • Types of diabetes | 25 |
| | • Signs and symptoms of diabetes | 10 |
| | • Diabetes - Causes and risk factors (Indigenous focus) | 10 |
| | • Complications of diabetes | 15 |
| | • Psychosocial impact of diabetes on individuals, families and communities | 15 |
| | • Concepts of Health promotion, diabetes prevention, education and care | 25 |
| | • Introduction to Traditional foods and Medicines | 20 |
| | • Introduction to foot care | 20 |
| | General knowledge/skills in support of professional practice | 30 hours |
| | Knowledge in the 8 core functions of a CIDPC | 60 hours |
| | Cultural knowledge and skills | 60 hours |
| | Related knowledge and skills (list on page 2) | 40 hours |
| Supervisor's Evaluation minimum score | <ul style="list-style-type: none"> • Core knowledge in diabetes • General Knowledge • Knowledge and skills in the 6 Core Functions of a CIDPC • Cultural competency • Professional attitude • Professional competencies | 70% |
| Practicum | Practicum hours can be counted as hours of work experience (practicum report must be submitted) | |
| KNOWLEDGE AND SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE | | 40 hours |
| • Communications | | 25 |
| • Interviewing Skills | | 10 |
| • Conflict management | | 5 |
| 8 CORE FUNCTIONS OF A CIDPC (can be acquired through training or/and on the job practice) | | 60 hours |
| 1. Health promotion | | 10 |
| 2. Community outreach | | 8 |
| 3. Knowledge building/Education | | 10 |
| 4. Referrals | | 6 |
| 5. Advocacy | | 7 |
| 6. Care delivery | | 7 |
| 7. Teamwork | | 6 |
| 8. Administration | | 6 |
| CULTURAL KNOWLEDGE AND SKILLS | | 60 hours |

| | |
|---|--|
| Cultural/traditional knowledge on topics specific to Aboriginal culture, traditions and/or history, acquired through formal or informal training or through activities pursued in the context of community support/awareness work | 40 |
| Residential School issues, RCAP and/or TRC | 10 |
| Sixties Scoop | 5 |
| Jordan's Principle | 5 |
| RELATED KNOWLEDGE AND SKILLS | 40 hours |
| The following topics are accepted as part of the training requirements for CIDPC certification. This list not exhaustive. You can complete training on one or several topics as long as the total hours come to a minimum of 20 hours | |
| <ul style="list-style-type: none"> Grief and loss FASD Stress & PTSD HIV/AIDS and STDs Trauma Suicide Safety (WHMIS, First aid etc...) | <ul style="list-style-type: none"> Healthy parenting Healthy diet Self-care Cultural practices Resilience Decolonization Medicine wheel |
| <ul style="list-style-type: none"> Diabetes and substance abuse Diabetes and mental health issues Healthy lifestyle/life coaching topics Diabetes and pregnancy New advances in diabetes Impacts of colonization Residential School & Intergenerational Trauma | |
| CULTURAL AND PROFESSIONAL COMPETENCIES | |
| These competencies requirements are part of the Supervisor's Evaluation | |
| <ul style="list-style-type: none"> Cultural Competencies Professional Attitude Professional Ethics | |
| NOTE: EDUCATION/TRAINING | |
| The required addictions-specific and addictions related hours may be acquired through formal education programs at university or college level or through more informal training in a variety of formats, offered by independent trainers, training organisations or through alternative means recognized by ICBOC. | |
| DETAILS – CORE KNOWLEDGE IN DIABETES | |
| <ul style="list-style-type: none"> Epidemiology and prevalence of diabetes among Indigenous communities in Canada <ul style="list-style-type: none"> Overview of diabetes in Indigenous communities Prevalence rates Diabetes issues over the lifespan Root causes of diabetes in Indigenous Communities Link to the social determinants of health | |
| <ul style="list-style-type: none"> Types of Diabetes <ul style="list-style-type: none"> Three Main Types of diabetes <ul style="list-style-type: none"> Type 1 Type II Gestational Diabetes Other Types <ul style="list-style-type: none"> Maturity onset diabetes of the young (MODY) Neonatal diabetes Wolfram Syndrome Alström Syndrome Latent Autoimmune diabetes in Adults (LADA) Type 3c diabetes Steroid-induced diabetes Cystic fibrosis diabetes | |

• Signs and Symptoms of Diabetes

| |
|---|
| <ul style="list-style-type: none"> - The three most common symptoms of undiagnosed diabetes - Other signs and Symptoms of undiagnosed diabetes - Signs and symptoms of diabetic hypoglycemia - Reactive Hypoglycemia - Signs and Symptoms of hyperglycemia |
| <ul style="list-style-type: none"> • Diabetes - Causes and risk factors (Indigenous focus) <ul style="list-style-type: none"> - Myths & misinformation regarding the causes of Diabetes - Causes of diabetes I, II and gestational diabetes - Risk factors for diabetes (Indigenous focus) - Diagnosing Diabetes - Prediabetes |
| <ul style="list-style-type: none"> • Complications of Diabetes <ul style="list-style-type: none"> - Primary cause of complications - Impact of diabetes on the body systems (skeletal, muscular, respiratory, digestive, nervous, endocrine, cardiovascular, urinary, reproductive systems and eye disease) - Blood glucose management |
| <ul style="list-style-type: none"> • Psychosocial impact of diabetes on the individual, the family and community <ul style="list-style-type: none"> - Mental impact (ex. mood change, cloudy thoughts, confusion, memory loss) - Emotional impact (ex. grief and shame, anxiety, depression, denial, care resistance, diabetes distress) - Long term impact (ex. impact of physical disabilities, surgeries, financial costs) - Impact on the community (ex. financial and human resources burden) |
| <ul style="list-style-type: none"> • Concepts of health promotion & diabetes prevention <ul style="list-style-type: none"> - Indigenous perspectives on health - Past and present health outcomes - Redefining Indigenous Perceptions of Well-Being - Healthy lifestyle promotion (Indigenous focus) <ul style="list-style-type: none"> o Healthy diet o Physical activity o Psychological approaches to wellness - Traditional approaches to diabetes prevention and care |
| <ul style="list-style-type: none"> • Introduction to traditional foods and medicines <ul style="list-style-type: none"> - What is Medicine to Indigenous People? - How can Traditional Medicines be Used? - How do plant medicines work? - Medicine for Diabetes - What did Indigenous traditional foods look like - Steps to take to incorporate healthy foods |
| <ul style="list-style-type: none"> • Introduction to foot care <ul style="list-style-type: none"> - Anatomy of the foot - The "at risk" foot - Common foot disorders - Factors Contributing to Foot Ulceration - Cornerstones of prevention – Step by step - Basic client education in foot care self-management and care <ul style="list-style-type: none"> o Risks of injuries o Foot hygiene o Nail care o Corn/callus care o Skin care o Foot inspection o Footwear |

Core Functions Description

Diabetes Program Coordinators

1. **Health promotion:** Activities focused on prevention, that a worker undertakes to positively influence the health behavior of individuals, families and communities as well as the living and working conditions that influence their health.
2. **Community outreach:** Activities undertaken by a worker to meet individuals and families where they are (home visits) to nurture a trust-building relationship and to offer information and support in a respectful manner, sometimes at non-traditional times.
3. **Knowledge sharing/education:** Activities that are focused on presenting and disseminating basic, accurate knowledge pertaining to diabetes, diabetes prevention, nutrition, and foot care. To organize community meetings where the community can obtain information on diabetes from and interact with a diabetes professional.
Gathering information pertaining to the prevention and management of diabetes in the Indigenous population; Attending conferences and training,
4. **Referrals:** Directing individuals or/and families requesting information beyond a worker's knowledge and skill, to professional Diabetes resources within or outside the community.
5. **Advocacy:** The actions a community diabetes support worker takes to promote, support or protect the rights of individuals and/or families affected with diabetes to obtain the services they need, to speak on their behalf.
6. **Care delivery:** Providing foot care and advice on diabetes self-management to individuals affected with diabetes and their family.
7. **Teamwork:** Collaborating with diabetes program staff, community partners and other relevant stakeholders to improve diabetes community support services and the capacity of the community support workforce. consulting elders and other traditional knowledge keepers, participating in traditional activities and ceremony.
8. **Document Administration:** Preparing budgets, reports and work plans as requested; ordering supplies, maintaining client files and documenting relevant information as required.