

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
CERTIFIED INDIGENOUS
ADDICTIONS PREVENTION WORKERS**

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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 Certified Indigenous Addictions Prevention Worker (CIAPW)**, 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 Addictions Prevention Worker (CIAPW)**.

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

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

To understand the certification standards and requirements for this certification, please consult the **Summary of Standards and Requirements for Certified Indigenous Addictions Prevention Worker (CIAPW)** available on our website at www.icboc.ca, Click on <https://icboc.ca/certification/list-of-certifications/certified-indigenous-addictions-prevention-worker/>

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 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 27. **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
	Declaration Verifying an Applicant’s Alternative Learning/Training
	Copy of your Certificates or Diplomas from Educational Institutions
	Copy of your Transcripts with Number of Course Hours for Each Course
	Photocopy of the Certificates Documenting any other Trainings you have Completed (contact ICBOC to verify what will constitute proof of training other than certificates)
	Practicum/Internship Report (if applicable)
	Current comprehensive Job Description
	Supervisor’s Evaluation Form
	Letter of Reference #1 - Personal Reference
	Letter 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 to the Indigenous Certification Board of Canada or ICBOC

*For more information on applicable fees, please visit <https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

All 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 27

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 _____

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 all consequences of the process of seeking certification.

As a Certified Indigenous Addictions Prevention professional 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 Prevention Addictions Worker 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 Prevention Addictions Worker. 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) _____

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 _____

SUPERVISOR'S EVALUATION (page 11 to 16)

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. **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:

Early Identification % Brief Intervention % Outreach % Prevention Education %

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)

Education/Training on Addictions and Wellness (Core Knowledge)	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions				
Knowledge of the signs and symptoms of addictions and/or polydrug abuse, including physical and psychological aspects				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of the effects of addictions on individuals, family & community				
Ability to identify the linkages associated with resilience and other protective and predisposing factors				
Knowledge of the cultural elements that support mental wellness and are necessary for healthy individual, community and family life.				
Knowledge of the Social determinants of health that are critical to supporting and maintaining wellness.				
Knowledge of the relationship between colonialism and mental wellness				
Knowledge of the Aboriginal ways of knowing and understanding mental wellness				
Knowledge of mental illnesses or mental health issues often experienced by clients with concurrent disorders				
Scores				
Total Maximum				40

SUPERVISOR'S EVALUATION (page 11 to 16)

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

Knowledge and Skills in Addictions and Prevention-Related Topics	1	2	3	4
HIV/AIDS				
Grief and Loss				
FASD				
Trauma				
Residential School and Intergenerational Trauma				
Relapse Prevention				
Suicide				
Decolonization				
Mental Wellness				
Co-occurring Disorders				
Western and Aboriginal Therapeutic Approaches				
Specific Drugs/Substances and their Effects				
Self-care				
Scores				
Total Maximum				52
General Knowledge and Skills	1	2	3	4
Oral and Written Communication				
Able to speak knowledgeably on Indigenous alcohol/drug issues with clients, peers, public				
Writes accurate reports/plans with relevant information				
Speaks his/her Indigenous language				
Interviewing Skills				
Knowledge of a range of effective interviewing approaches and techniques				
Capacity to use a style of interviewing best able to establish good rapport with clients				
Ability to demonstrate sensitivity to client's needs and circumstances				
Knowledge of privacy, confidentiality protocols and regulations and of client rights				
Self-care				
Understands the concept of mental wellness				
Knowledge of techniques and activities that enhance a sense of wellbeing				
Is able to seek and to have access to personal support and guidance				
Group Facilitation				
Understands the principles and methods of group facilitation				
Understands the role of group facilitation in the context of addictions prevention				
Conflict Management (resolution/mediation)				
Knowledge of various forms of conflicts and of violence				
Knowledge of conflict management approaches and practices				
Knowledge of resources to call on in situation of conflict				
Scores				
Total Maximum				60

SUPERVISOR'S EVALUATION FORM (page 11 to 16)

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

Knowledge and Skills in the 12 Core Functions	1	2	3	4
Early identification/Screening				
Knowledge and understanding of the role of screening				
Knowledge of screening methods, tasks and tools				
Capacity to interpret the results of screening				
Ability to identify an individual and/or a family level of risk factors for substance abuse				
Ability to assess a person's readiness and motivation for treatment				
Risk Assessment				
Knowledge of assessment methods, tasks and instruments				
Ability to interpret and use the results of a client assessment to provide needed support				
Ability to recognize signs of aggression or danger to others				
Ability to recognize potential for self-inflicted harm or suicide				
Brief Intervention				
Understanding the stages individuals go through in their progress towards change				
Ability to adapt a brief intervention according to the client's level of consumption and using profile				
Knowledge of the basic steps in Brief intervention				
Care facilitation				
Ability to ensure that the plan is matched to the client's needs, readiness, preferences and personal goals				
Ability to ensure that the plan is grounded in the individual's or family's strengths, values, and goals, and considers their cultural, community, family supports and relationships				
Ability to provide pre-treatment support				
Outreach				
Knowledge of the nature and impact of stigma and shame				
Knowledge of a range of approaches to help clients determine what life changes they feel ready and able to make				
Ability to help clients connect with a wide range of health and social supports				
Ability to gather information and knowledge about the clients living conditions, needs and perceptions of services				
Scores				
Total Maximum				76

SUPERVISOR'S EVALUATION FORM (page 11 to 16)

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

Knowledge and Skills in the 12 Core Functions	1	2	3	4
Crisis intervention				
knowledge and understanding of what constitutes a crisis				
knowledge and ability to apply counseling techniques for individuals in crisis				
knowledge of community resources and supports to assist in management of the crisis				
Prevention Education				
Ability to educate/raise the awareness of clients and their family on a wide variety of wellness, health, addictions and lifestyle issues				
Understands the role of education in helping lifestyle changes				
Ability to design education/awareness sessions suit clients needs and understanding				
Ability to use community resources to support and promote healthy lifestyles education				
Ability to offer prevention education through a variety of activities				
Ability to strengthen the resilience of clients by exploiting their protective factors				
Ability to model healthy behaviours and values				
Aftercare/Relapse prevention				
Ability to provide active support for clients returning to the community and their family				
Knowledge of the recovery/relapse process and stages of relapse				
Ability to identify warning signs of relapse				
Ability to develop effective relapse prevention strategies and techniques with the client				
Knowledge of culturally appropriate techniques to reduce the risk of relapse				
Referral				
Knowledge of community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to determine appropriate referrals and educational resources for clients (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				
Skill in interpreting to the client the referral resource and its function in relationship to the client's needs and problems				
Follows-up with other providers to ensure client are getting the service they need				
Scores				
Total Maximum				80

SUPERVISOR'S EVALUATION FORM (page 11 to 16)

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

Knowledge and Skills in the 12 Core Functions	1	2	3	4
Advocacy				
Ability to identify gaps in services that clients' needs				
Ability to assist clients and their families to seek and obtain the services they need				
Ability to advocate with authorities on behalf of clients to enhance the accessibility of the resources and services they need				
Collaboration/Networking				
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				
Ability to be an effective team member in internal or external team settings				
Reports and Record Keeping				
Ability to prepare reports/records that comply with regulations				
Knowledge of technologies in use for client records				
Ability to protect client rights to privacy and confidentiality				
Community Knowledge				
Community Development				
Knowledge of the historical and current impacts of colonial policies on Indigenous families and communities				
Knowledge of Canadian legislation and Indigenous health care policies				
Knowledge of the determinants of health in an Indigenous community context				
Community Assessment				
Knowledge of the steps involved in a successful community mapping/assessment				
Capacity to facilitate the defining of a community vision of the future				
Ability to address issues that stakeholders consider important				
Capacity to communicate information back to stakeholders				
Community Mobilisation				
Ability to identify community capacity-building needs (leadership, networking etc...)				
Ability to help communities form organizations and mobilize resources				
Knowledge and skills in communications, public and media relations				
Scores				
Total Maximum				76

SUPERVISOR EVALUATION (page 11 to 16)

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

OTHER COMPETENCIES REQUIRED

Cultural Competencies	1	2	3	4
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 predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values, traditions, and cultural/spiritual ceremonies				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery				
Understanding of the intergenerational impact of colonization and oppression				
Uses his/her indigenous language in the services provided to clients				
Professional Integrity	1	2	3	4
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 or any other basis				
Scores				
Total Maximum				76
GRAND TOTAL (will be calculated by ICBOC)				

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"

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: _____

EMPLOYERS¹ LETTER OF DECLARATION REGARDING 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: _____

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 a Certified Indigenous Addictions Prevention Worker

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 (circle one of the items listed)

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. Volunteer Activities _____

6. Personal history of alcohol or other substance misuse (length of non-use) _____

PERSONAL LETTER OF REFERENCE #1 (second page)

7. Commitment to helping alcohol/drug misusers _____

8. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.
Failure to do so may jeopardize the timely processing of this 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-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 Prevention Worker

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. Community Standing _____

3. Family Relationships _____

4. Non-Alcohol/Drug Related Activities _____

5. Volunteer Activities _____

6. Personal history of alcohol or other substance misuse (length of non-use) _____

PROFESSIONAL LETTER OF REFERENCE #2 (second page)

7. Commitment to helping alcohol/drug misusers _____

8. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.
Failure to do so may jeopardize the timely processing of this application.

GLOSSARY OF TERMS (letter of reference #2)

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 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 you do not wish ICBOC to release your information to):

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

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

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

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

PERSONAL WELLNESS PLAN

Circle of Life

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

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

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

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

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

Examples:

a. Strengths

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

b. Spiritual

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

c. Emotional

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

d. Physical

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

e. Mental/Social/Cultural

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

MY PERSONAL WELLNESS PLAN

My name: _____ Date: _____ Signature: _____

A. My **Strengths**: _____

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

B For my **Spiritual** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** wellbeing,

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional First Nations’ 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 Specialists.
- 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.
- 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)

SUBMITTING 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 visit <https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS ADDICTIONS PREVENTION WORKER (CIAPW)		
Education	Completion of Secondary school or other studies at higher level in the helping field, with a focus on prevention, with integrated or additional formal or informal training/education in addictions OR portfolio of training (formal or informal) that reflects the requirements of this certification.	HOURS
Experience	<p>One (1) year minimum of experience or practice in the prevention of substance use disorders, that can be accumulated in the following ways:</p> <ul style="list-style-type: none"> • Paid work experience in current and previous employment providing services similar to the current employment • Experience acquired by means of a practicum/internship/placement, undertaken as part of a program of studies • Proven experience as a volunteer providing services similar to the current employment (to a maximum of 100 hours) <p>Please note that this certification is not available to administrative positions</p>	2000
Education or Training 350 hours minimum	<ul style="list-style-type: none"> • Core knowledge and skills in wellness and addictions (prevention focus) • Counselling/brief Interventions • Knowledge and skills in support of professional practice • Cultural knowledge and skills • Knowledge and practice in the functions of an addictions prevention worker • Related knowledge and skills - addictions prevention-related topics 	120 40 40 40 80 30
Supervisor's Evaluation Minimum score	<ul style="list-style-type: none"> • Core knowledge in addictions and prevention • Related Knowledge in addictions and mental wellness • General Knowledge • Knowledge and skills in the 12 core functions of a CIWAW 	70%
	<p>Cultural competencies</p> <ul style="list-style-type: none"> • Knowledge of cultural prevention approaches to addictions recovery <p>Professional Integrity</p> <ul style="list-style-type: none"> • Professional attitude • Professional ethics 	80%
Practicum	Practicum hours can be counted as hours of work experience (must submit Practicum Report)	
CIAPW - CORE KNOWLEDGE		
Core knowledge and skills in wellness and addictions (prevention focus)		120 hrs
• Introduction to substance and behavioural/process addictions		20
• Indigenous concepts of mental wellness		10
• Introduction to mental disorders (Anxiety, depression, mood, personality, eating disorders etc...)		10
• Impact of addictions on the family and the community		10
• Addiction treatment approaches		10
• Health and wellness promotion as prevention strategies (emphasis on cultural approaches)		10
• Pharmacology		10
• Human development across the lifespan		10
• Prevention education		10
• Ethics/cultural values		10
• Self care		10
Counselling/brief interventions		40 hrs
• Counselling theories		10
• One-on-one, group, family counselling		20
• Brief intervention approaches/techniques		10

Knowledge/skills in support of professional practice		40 hrs
<ul style="list-style-type: none"> • Communication 		20
<ul style="list-style-type: none"> • Interviewing techniques 		5
<ul style="list-style-type: none"> • Conflict management 		5
<ul style="list-style-type: none"> • Facilitation/education (presentations, workshops, information sessions planning & delivery etc...) 		5
<ul style="list-style-type: none"> • Client safety 		5
Cultural knowledge and skills		40 hrs
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 working with/treating a client, including knowledge and ability to communicate with clients in an Aboriginal language		20
Residential school issues and/or decolonization		10
Sixties Scoop		5
Jordan's Principle		5
Knowledge and practice in the core functions of a CIAPW		80 hrs
Early Identification and assessment		7
Health promotion		10
Brief Intervention		5
Case Management		7
Referral		7
Outreach		10
Crisis management		5
Aftercare		5
Prevention Education and Capacity Building		7
Advocacy		5
Collaboration and networking		7
Reports and Record Keeping		5
Related knowledge and skills - Addictions Prevention (list not exhaustive)		30 hrs
Minimum 1 hour in any given subject, (proof of education/training is required)		
<ul style="list-style-type: none"> • Grief work • FASD • Suicide • Depression • Trauma • PTSD • HIV/AIDS • STDs • Mental health • Concurrent disorders • Healthy nutrition • Indigenous medicines • Medicine wheel • Burnout • Self-care and wellness • Resilience • Life coaching topics 	<ul style="list-style-type: none"> • Forms of addictions • Specific drugs/substances • Epidemiology of addictions • Relapse prevention • Concurrent disorders • LGBT issues • Indigenous traditional lifestyles • Holistic healing • Workplace harassment • Domestic violence • Lateral violence • Lateral kindness • Healthy parenting • Traditional teachings • Emotional intelligence 	<ul style="list-style-type: none"> • Indigenous traditional healing practices • Healing and humour • Healing through songs • Healing through traditional craft-making • On-the-land healing • Story telling • Traditional games • Country food • Traditional art • Decolonization • Gambling addiction • Internet addiction • Sexual addiction • Alcohol addiction and diabetes • Addiction and the brain