

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS CLIENT SUPPORT ADDICTION WORKERS**

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To complete your application, you will also have to provide other documents. A complete checklist of all the forms and documents you need to send is included on **page 4**.

Instructions for Completing this Application Package

Have you consulted the attached **Summary of Standards and Requirements for Indigenous Client Support Addiction Workers (page 30)**, 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 Client Support Addiction Worker (CICSAW)**.

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 Client Support Addictions Worker**, available on our website at www.icboc.ca, Click on <https://icboc.ca/certification/list-of-certifications/certified-indigenous-client-support-addictions-worker-cicsaw/>

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 |
| | 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) |
| | Declaration verifying alternative learning/training |
| | Verification form for training delivered by external or in-house trainers |
| | Photocopy of certificates for trainings delivered by external or in-house trainers |
| | 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 ICBOC's website at <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** 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

The address to submit your application is provided on page 29

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

CURRENT POSITION _____

Are you a NNADAP worker? _____ Residential Treatment? or Community-based service

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

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 an Indigenous Client Support Addiction Worker 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

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 _____

APPLICANT'S NAME _____

DATE _____

Employment verification form

Applicant: If verification by more than one employer is required to meet the Certified Indigenous Client Support Addiction 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 an Indigenous Client Support Addiction 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) _____

Title of employer/supervisor: _____

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 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 credentials.

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 _____

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.

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 |
| | | | |
| | | | |
| | | | |
| | | | |

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

Training delivered 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 of these 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 18)

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 an Indigenous Client Support Addiction Worker. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

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

Brief Intervention/Counselling % Care/wellness activity planning % Client supervision/support %

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

| CICSAW – CORE KNOWLEDGE/SKILLS IN ADDICTIONS AND MENTAL HEALTH | | | | |
|--|----------|----------|----------|-----------|
| Introduction to Addictions (within an aboriginal perspective) | 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 | | | | |
| Scores | | | | |
| Total Score Addictions | | | | |
| Introduction to Mental Wellness | 1 | 2 | 3 | 4 |
| 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 Health | | | | |
| Knowledge of the Aboriginal ways of knowing and understanding mental health | | | | |
| Knowledge of mental illnesses or mental health issues often experienced by clients with concurrent disorders | | | | |
| Scores | | | | |
| Total Score Mental Wellness | | | | |
| Maximum Required Score - Addictions & Mental Wellness | | | | 40 |

| CICSAW – KNOWLEDGE/SKILLS IN SUPPORT OF PROFESSIONAL PRACTICE | | | | |
|--|----------|----------|----------|-----------|
| Interpersonal Communication | 1 | 2 | 3 | 4 |
| Ability to use active listening & encourage healthy two-way communication | | | | |
| Ability to communicate effectively to establish and maintain helping relationships with clients and family members | | | | |
| Demonstrate respect and non-judgmental attitude toward clients, colleagues, other professionals and agencies. | | | | |
| Speaks his/her Indigenous language | | | | |
| Motivational Interviewing | 1 | 2 | 3 | 4 |
| Basic knowledge of motivational interviewing techniques and benefits | | | | |
| Ability to use these techniques to bring positive changes in client's values and behavior. | | | | |
| Pharmacology | 1 | 2 | 3 | 4 |
| Basic knowledge of the classifications and names of psychoactive substances and their major clinical effects | | | | |
| Ability to safely administer client's medications | | | | |
| Brief Counselling Intervention | 1 | 2 | 3 | 4 |
| Knowledge of a range of brief counselling approaches | | | | |
| Ability to use these approaches in a culturally appropriate way | | | | |
| Conflict Resolution | 1 | 2 | 3 | 4 |
| Knowledge of conflict resolution approaches and techniques | | | | |
| Ability to use these approaches and tools to diffuse and resolve conflict effectively | | | | |
| Self-Care | 1 | 2 | 3 | 4 |
| Awareness of the overarching traditional values and practices that support and uphold wellness | | | | |
| Ability to develop and follow a personal wellness plan based on the mental, emotional, physical and spiritual facets of a healthy and balanced life. | | | | |
| Ability to acknowledge one's limits and seek help when needed | | | | |
| Client Education | 1 | 2 | 3 | 4 |
| Ability to develop range and depth of knowledge for the benefit of clients and colleagues | | | | |
| Knowledge and use of effective presentation techniques for knowledge sharing | | | | |
| Ability to match education techniques to a variety of audiences, their ability to understand | | | | |
| Safety Issues | 1 | 2 | 3 | 4 |
| Knowledge of techniques and approaches that prevent a variety of incidents, hazards and accidents | | | | |
| Knowledge of techniques and approaches that must be applied in a variety of incidents, hazards and accidents | | | | |
| Scores | | | | |
| Total Score | | | | |
| Maximum Required Score - Knowledge and Skills in Support of Professional Practice | | | | 80 |

| CICSAW - 8 CORE FUNCTIONS | | | | |
|---|----------|----------|----------|-----------|
| 1. PRIMARY SCREENING AND ASSESSMENT | 1 | 2 | 3 | 4 |
| Knowledge of the importance of cultural awareness and safety in early identification and intervention services | | | | |
| Ability to identify and understand client needs, concerns and issues | | | | |
| Knowledge of the role of assessment as a component of a client-centered plan | | | | |
| Knowledge of data gathering tools for client screening, admission and assessment | | | | |
| Ability to document client information, adhering to all relevant procedures, templates or guides to ensure completeness and accuracy | | | | |
| 2. CARE/WELLNESS ACTIVITY PLANNING | 1 | 2 | 3 | 4 |
| Ability to involve clients in the decision-making process leading to the planning of individual or family health promoting activities | | | | |
| Ability to develop care plans with a strong focus on client strengths, cultural identity, engagement and resilience | | | | |
| Ability to consider the role of the family and detachment from children as factors in care planning success | | | | |
| Awareness of needs for medical care, safety and support to forge and maintain a wellness lifestyle | | | | |
| Capacity to translate assessment information into care plans with clear goals and outcomes | | | | |
| 3. CARE FACILITATION | 1 | 2 | 3 | 4 |
| Ability to describe to the client the general nature and goals of the program, rules governing client conduct etc... | | | | |
| Ability to include community and family members when facilitating care and to ensure client's other service providers have access to shared information | | | | |
| Ability to explain trauma and intergenerational trauma in an Indigenous context and demonstrates that Indigenous healing practices are valued | | | | |
| Ability to locate, and supports access to cultural services and community support systems for all clients | | | | |
| Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation | | | | |
| 4. CLIENT SUPERVISION AND SUPPORT | 1 | 2 | 3 | 4 |
| Ability to follow policies and procedure in the supervision and orientation of clients | | | | |
| Ability to assist clients in maintaining appropriate standards of behaviour and attitudes according to established therapeutic intervention practices | | | | |
| Provides supporting care through informal means including community and family members | | | | |
| Ability to ensure client discharge process and procedures are followed in accordance with policies | | | | |
| Ability to supervise, coordinate and facilitate daily recreational, fitness and social activities | | | | |
| Scores | | | | |
| Total score this page | | | | |
| Maximum required score for this page | | | | 80 |

| CICSAW - 8 CORE FUNCTIONS (Continued) | | | | |
|---|----------|----------|----------|------------|
| 5. CLIENT ENGAGEMENT | 1 | 2 | 3 | 4 |
| Ability to recognize denial defense behaviors and mechanisms and to motivate clients | | | | |
| Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey | | | | |
| Ability to use crafts or working with one’s hands (e.g., beadwork, sewing, drawing and similar activities) as a process supporting participant engagement | | | | |
| Ability to encourages clients to develop and use support groups involving both family and community to stay focused on their healing journey | | | | |
| Ability to create a positive encouraging environment for all activities involving clients and their family | | | | |
| 6. BRIEF INTERVENTION/COUNSELLING | 1 | 2 | 3 | 4 |
| Ability to assure clients that every effort is made to understand their point of view | | | | |
| Ability to tailor brief interventions to be culturally sensitive and responsive to clients’ needs and situation | | | | |
| Understanding of the benefits in using brief interventions | | | | |
| Ability to match models of behaviour and behaviour change to clients’ needs and goals | | | | |
| Knowledge of interviewing approaches and techniques to motivate and engage clients | | | | |
| 7. CLIENT EDUCATION | 1 | 2 | 3 | 4 |
| Understands how involving clients in decisions about their own treatment path helps to rewire brain pathways | | | | |
| Ability to incorporate storytelling to teach indigenous culture while connecting to cultural identity and teaching relevant wellness skills and knowledge | | | | |
| Ability to uses community media and other means to promote culturally relevant, community-based health activities | | | | |
| Ability to coordinate or deliver group/individual activities to enhance family relationships | | | | |
| Ability to share knowledge and be a role model in terms of personal commitment to personal healing, positive relationships and to a healthy lifestyle | | | | |
| 8. CLIENT SAFETY | 1 | 2 | 3 | 4 |
| Ability to supervise effectively clients self-administering medication and to inform senior professionals if incorrect usage of is suspected | | | | |
| Knowledge of what constitutes a crisis - ability to recognize a client in crisis | | | | |
| Ability to ensure safe driving practices when providing client’s transport to activities, outings and appointments | | | | |
| Ability to participate fully in all security and safety measures, policies and procedures ensuring the safety of clients, co-workers and stakeholders | | | | |
| Ability to report and respond appropriately to client injury or illness | | | | |
| Scores | | | | |
| Total Score this page | | | | |
| Maximum Required Score – All 8 Core Functions | | | | 160 |

| CULTURAL COMPETENCIES | | | | |
|--|---|---|---|-----------|
| Cultural Competencies | 1 | 2 | 3 | 4 |
| Knowledge and understanding of the repercussions of colonization on Indigenous peoples | | | | |
| Knowledge of the intergenerational trauma stemming from the Residential School system | | | | |
| Ability to implement and incorporate culture, beliefs, values, and traditions in interventions | | | | |
| Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery (ceremonies and other cultural/spiritual activities) | | | | |
| Understands the positive impacts of culturally appropriate care on recovery and wellbeing | | | | |
| Uses his/her indigenous language in the services provided to clients | | | | |
| Scores | | | | |
| Total Score Cultural competencies | | | | |
| PROFESSIONAL INTEGRITY | | | | |
| Professional Attitude | 1 | 2 | 3 | 4 |
| Ability to maintain a genuine, warm, supportive, compassionate, healthy and balanced relationship with clients | | | | |
| Ability to be exemplary, courteous, and tactful in all situations and interactions | | | | |
| Communicate truthfully, avoid misleading or raising unreasonable expectations in others | | | | |
| Ability to work under supervision and to cooperate with other personnel as well as function effectively with minimal supervision | | | | |
| Ability to respect the customs and beliefs of others | | | | |
| Professional Ethics | 1 | 2 | 3 | 4 |
| Knowledge of the values/teachings that guide personal and profession conduct in relationships | | | | |
| Knowledge of the professional ethical conduct guidelines, policies, and procedures in place at the place of work | | | | |
| Knowledge of the legal rights of clients | | | | |
| Demonstrates commitment to develop and maintain professional competence | | | | |
| Commitment to treat all clients with respect (irrespective of age, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status, or any other basis) | | | | |
| Scores | | | | |
| Total Score Professional Integrity | | | | |
| Maximum Required Score - Cultural Competencies and Professional Integrity | | | | 60 |

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

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 client's 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 Client Support Addiction Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Client Support Addiction Worker 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 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 (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 Client Support Addiction Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Client Support Addiction Worker with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **You must have known the applicant professionally 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 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 (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”

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. Please 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.

Circle of Life

All **Certified Indigenous Client Support Addiction Worker** 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
- 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 on the ICBOC's Website at <https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

**SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS CLIENT SUPPORT ADDICTION WORKER
(CICSAW)**

| Education | Completion of Secondary school or other studies at higher level that include courses in the required education/training for this certification | Hours |
|---|---|---------------|
| Experience | <p>Five hundred hours (6 months) of work experience or practice in direct support services to clients affected by addictions or mental issues. and that can be accumulated in the following manner:</p> <ul style="list-style-type: none"> • Paid work experience in the current position and in remunerated previous occupations providing services like 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 like the current employment (to a maximum of 100 hours) <p>Please note that this certification is not available for administrative positions.</p> | 500 |
| Education or Training 250 hours minimum | Core Knowledge and Skills in Addiction and Wellness | 60 |
| | Counselling Knowledge and Skills | 20 |
| | General Knowledge and Skills in Support of Professional Practice | 60 |
| | Cultural Knowledge and Skills | 30 |
| | Knowledge and Practice in the 8 Core Functions | 40 |
| | Addiction and Mental Wellness-Related Topics (See list of topics page 2) | 40 |
| Supervisor's Evaluation Minimum Score | <ul style="list-style-type: none"> • Introduction to Addictions • Introduction to Mental Wellness • Knowledge and Skills in Support of Professional Practice • Knowledge and Skills in the 8 Core Functions • Cultural Competencies • Professional Integrity | 70% |
| Practicum | Some hours of training in the core functions can be counted (must submit Practicum Report) | |
| Core Knowledge and Skills in Addiction and Wellness | | 60 hrs |
| | Forms of addictions including substance, solvents, and process addictions | 10 |
| | Signs and symptoms of addiction including physical and psychological aspects | 10 |
| | Risk factors and protective factors | 4 |
| | Treatment approaches to addiction | 10 |
| | Effects of addiction on the individual and the family | 10 |
| | Basic mental health concepts and issues | 6 |
| | Cultural concepts that support mental wellness (individual, community, family) | 10 |
| Counselling Knowledge and Skills | | 20 hrs |
| | • Counselling approaches/techniques | 10 |
| | • One-on-one, group, family counselling | 10 |
| General Knowledge and Skills in Support of Professional Practice | | 60 hrs |
| | • Interpersonal communications | 10 |
| | • Motivational Interviewing | 6 |
| | • Pharmacology | 6 |
| | • Brief intervention/basic counselling | 10 |
| | • Conflict Resolution | 6 |
| | • Self-care | 6 |
| | • Safety and security issues and topics | 10 |
| | • Professional Ethics | 6 |

| Cultural Knowledge and Skills | 30 hrs |
|---|---------------|
| Cultural/traditional knowledge and skills acquired through formal or informal education, or training/learning context of working with/treating a client, focused on topics specific to Aboriginal culture, traditions, socio-historical issues. | 15 |
| Residential school issues and/or decolonization | 5 |
| Sixties Scoop | 5 |
| Jordan's Principle | 5 |
| Knowledge and Practice in the 8 core functions | |
| Primary screening/Assessment | |
| Care planning | |
| Care facilitation | |
| Client supervision and support | |
| Client engagement | |
| Referral | |
| Client education | |
| Teamwork | |
| Addiction and Mental Wellness-Related Topics (See list on this page) | |
| NOTE ON EDUCATION/TRAINING | |
| <p>The required training hours may be acquired through university or college education programs, informal training offered by a range of training providers, including independent trainers. This training may be delivered in a variety of formats (programs, courses, workshops, seminars, webinars) and venues (class setting, in-house, online, conferences). ICBOC also accepts training hours acquired through alternative forms of learning/training. All training hours must be supported by proof of attendance/completion.</p> <p>This includes transcripts, certificates, and affidavits/declarations by qualified persons. Certificates must clearly bear the name of the provider, the title of the training, number of hours, date(s) of training and signature of the provider/trainer.</p> <p>Declarations/affidavits must be written on the employer letterhead, include the title of the training, number of hours, date(s) of training and signature of the provider/trainer and bear the name of the qualified person, his/her signature, and telephone or other contact information.</p> | |

| Addiction and Mental Wellness-Related topics (list not exhaustive) | |
|--|---|
| <ul style="list-style-type: none"> • Grief work • FASD • Mental health • Residential School & Intergenerational Trauma • Aboriginal & Western therapeutic Approaches • Philosophies & theories - Aboriginal healing practices • HIV/AIDS • STDs • Indigenous & mainstream approaches to self-care and wellness • Neurological aspects of addictions • Nutrition and Alcohol and drug addictions • Diabetes | <ul style="list-style-type: none"> • Trauma work • Suicide • Relapse prevention • Specific drugs/substances • Co-occurring disorders • Cultural healing practices • Resilience • Concurrent disorders • Healthy lifestyle/life coaching topics • Healthy parenting • LGBTQ issues • Addictions-Related health issues • Alternative healing practices |