

**INDIGENOUS
CERTIFICATION BOARD
OF CANADA**



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS CLINICAL SUPERVISOR
SPECIALIZED IN ADDICTIONS
(CICSA)**

NOTE TO APPLICANTS:

To apply for certification as a Certified Indigenous Clinical Supervisor Specialized in Addictions (CICSA), you must already be certified by ICBOC as a Certified Indigenous Addictions Specialist level III or Certified Indigenous Addictions Prevention Specialist level III

- **To apply for certification as an ICBOC Clinical supervisor, you first need to be certified at level III. If that is not your situation, please complete and submit an application for that certification level.**
- **You may opt to apply simultaneously for a level III and a CICSA certifications** (*if this is your case, information on how to proceed is provided on pages 3 and 4*)

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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

Congratulations on taking this step to becoming a **Certified Indigenous Clinical Supervisor Specialized in Addictions (CICSA)**.

IMPORTANT: This Certification level is available to applicants who are already certified with ICBOC as Certified Indigenous Addictions Specialists at level III (CIAS III) or are certified at a level equivalent to ICAS III with another certification AND satisfy the standards and additional requirements of this certification.

If you are submitting an application for a certification at level III **at the same time as this application**, please do not send us duplicated information, as it has already been provided in your level III application. If this is your case, the documents we absolutely need for your CICSA application are highlighted in grey in the check list on page 4.

This package contains all the forms you need to apply for this certification. 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, including the payment of the certification fee. The applicable fee is available at <https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/>

PLEASE KEEP A PHOTO COPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES

To understand the certification standards and requirements for this certification, please request the **Certification Standards and Procedures Summaries for Certified Indigenous Clinical Supervisors Specialized in Addictions (CICSA)** by email or fax or download it from our website at www.icboc.ca.

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 Administration Coordinator. Your application file will be passed on to our Registrar for review **only when the complete package** with the cheque or money order has been received in our office (payable to the Indigenous Certification Board of Canada or ICBOC). 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 or by email at registrar@icboc.ca or admin@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

The list below is provided to ensure that you are sending the necessary forms and documents for certification. Just check the items on the list as they are ready. Keep a copy of all the documents you send to ICBOC in your application, so you have your own records.

REMINDER:

If you have already obtained a level III certification at least one year ago and are now applying for an upgrade as a clinical supervisor, you are responsible for having **ALL** the forms listed in the check list below completed and submitted to the Registrar at the address noted on page 27.

If you do not hold a level III certification, but plan to submit both an ICAS III application and this CICSA application at the same time, please complete **the level III application in its entirety**, but only submit the clinical supervisor application documents highlighted in grey in the checklist below. This is to avoid duplication of the information already provided in your level III application.

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Current comprehensive Job Description
	Educational Qualifications Form
	Education/training information – Clinical Supervisor certification requirements (form page 10)
	Proof of training for training listed on page 10 (certificates, transcripts, employer affidavit etc...)
	Education/training in the 8 competencies of a clinical supervisor (form page 11)
	Proof of training for education/training listed on page 11 (certificates, transcripts, employer affidavit etc...)
	Copy of certificates or diplomas from educational institutions
	Copy of transcripts with number of course hours for each course
	Supervisor’s Evaluation Form
	Supervisor’s Endorsement
	Employer’s letter of Declaration regarding Applicants’ criminal record Checks
	One letter of personal reference
	One letter of professional reference (different referee from level III applications)
	Consent Form (Release of information)
	Completed and signed Personal Wellness Plan
	Dated and signed ICBOC 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 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 an Indigenous Clinical Supervisor Specialized in Addictions 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 employment verification by more than one employer is required to meet the Certified Indigenous Clinical Supervisor Specialized in Addictions 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 (please print) _____ who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Clinical Supervisor Specialized in Addictions. Applicants must have employment utilizing supervisory skills. Please return the completed and signed form to the applicant as soon as possible, as any delay may jeopardize the timely processing of this application.

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: _____

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 _____

Educational/training information – Clinical Supervisor certification requirements

To apply for certification as a Certified Indigenous Clinical Supervisor Specialized in Addictions (CICSA), applicants must:

- Already be certified by ICBOC as a level III Certified Indigenous Addictions Specialist or Certified Indigenous Addictions Prevention.
- **if not certified at level III**, complete and submit both an application for level III **and** this clinical supervisor certification (see instructions pages 3 & 4 on what to submit and what fee to pay)

I am already a Certified Indigenous Addictions Specialist (CIAS III) with ICBOC		Yes		No	
I am already an ICBOC Certified Indigenous Addictions Prevention Specialist (CIAPS III)		Yes		No	
Certificate No.		Certification of Recertification Expiry Date			
It is my first certification application with ICBOC and I have completed and submitted the application for level III in addition to this application <i>(please read the IMPORTANT note page 4 about not duplicating forms)</i>		Yes		No	
Name of the program(s) in clinical supervision that you have completed (College or University)					
Name of the institution who offered the program(s)					
Have you included the transcripts listing the courses in the program?		Yes		No	
List the short programs ¹ or workshops related to clinical supervision that you have attended and for which you are providing certificates				Hours	
<i>If you need more space, please photocopy this page and attach it to this one</i>					

¹ Short programs offered by training organisations or organisations such as YSAC or TPF

Education/training in the 8 competencies of a clinical supervisor		Yes	No
Please submit the transcripts from the programs that you have taken, or the training certificates showing you have acquired competencies in each of the competencies stated below, for a total of 40 hours.			
Counsellor Evaluation			
Professional Development of Staff			
Supervisory Intervention and Education			
Program Development			
Management and Administration			
Ethics and Decision Making			
Direct Human Resource Management			
Documentation and Report Making			
Other education/training topics		Yes	No
<ul style="list-style-type: none"> ▪ 10 hours are required in one or a combination of topics from this suggested list of topics related to the practice of a clinical Supervisor. ▪ Please insure you provide transcripts or certificates. 			
Models of Clinical Supervision			
Team building skills			
Time Management			
Employee relations			
Assessment & Evaluation/Methods & Standards			
Clinical Supervision Professional Development issues			
Management theories			
Challenges in Clinical Supervision			
Tools for effective Clinical Supervision			
Mentoring			
Leadership			
Conflict resolution			
Performance Appraisals			
Face-to-Face Supervision			
This certification requires 200 hours of face-to-face supervision, please indicate the number of hours per week or per month you provide this type of supervision			
To whom do you provide supervision (staff positions)	No. of staff	Hrs per week	Hrs per month

Supervisor's Evaluation Form (page 12 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: Completion of this form represents your personal appraisal of the applicant's knowledge and skill level (ability to perform tasks listed in the evaluation) in the key areas that we have identified as critical for someone who is a professional Indigenous Clinical Supervisor Specialized in Addictions. If you prefer, you can return the completed assessment form in a sealed envelope to the applicant. Failure to provide your evaluation may jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

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

Counselling % Staff Supervision/ Education % Program Management % Administration %

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

1. COUNSELLOR EVALUATION	1	2	3	4
Can design and assess evaluative standards as they relate to individual counselors' roles				
Develops & maintains evaluation methods that are concrete, objective and measurable				
Conducts evaluations through observation, interview, questioning, performance assessments, client satisfaction questionnaires, outcome research, client record reviews and other evaluation tools & instrumentation				
Assesses counselor strengths & deficits, with written evaluation of areas for improvement and training needs				
2. PROFESSIONAL DEVELOPMENT OF COUNSELLING STAFF	1	2	3	4
Models and promotes participation in professional associations, compliance with ethical standards and advancement of education, credentials & competencies				
Develops individualized "professional" goals & objectives with the counselor (which may include career advancement, education/degree, or certification advancement)				
Monitors progress towards goal attainment through supervisory interventions, education and continuing evaluation of the counseling staff				
SCORES				
TOTAL				
MAXIMUM SCORE				28

3. SUPERVISORY INTERVENTIONS AND EDUCATION	1	2	3	4
Articulates the purposes of supervision to the counseling staff, clarifies the goals and objectives, explains procedures and guidelines of the clinical supervision				
Implements appropriate use of supervisory interventions in regard to, timeliness, supervisory ethics, client confidentiality and informed consent				
Provides structured facilitation of group & individual sessions and other supervision activities.				
Effectively implements structured interventions (role playing, role reversal, live observation & line supervision in therapeutic groups and video/audio taped sessions, case presentations & treatment planning reviews, facilitation of consultation with other professionals, etc...)				
Implements varied methods of supervision (psychotherapeutic, behavioral, integrative, etc.)				
Implements impromptu & crisis Interventions such as arbitration/moderation in professional or personal disputes between the counseling staff, taking action on client grievances in accordance with state and agency policy				
Gives guidance in aberrant treatment situations and crises regarding legal, moral, and ethical responsibilities				
Presents concrete, genuine, and specific feedback to counselors in regard to their conceptualization of the client needs and concerns, process of counseling services, personalization of counseling, transference & counter transference issues, ego clarification, and general performance & attitudes				
Provides education through in-service education to the counseling staff, coordinating trainings, and implementation of impromptu micro trainings				
Elicits the expertise of individual counseling staff and implement peer training programs				
Prioritizes dominant educational needs of the majority while providing specialized educational interventions to individual counselors through reading assignments or referral to outside trainings.				
Acquires training accreditation when necessary and generating certificates and/or documentation verifying the training event and counseling staff participation.				
Utilizes current research, current addiction treatment strategies, and contemporary education methods (media tools, audio/video equipment, etc.)				
Ensure the development & maintenance of an agency resource library: coordinating literary contributions, agency contributions, and acquisition of low-cost/no-cost educational & reference materials through federal & state organizations				
4. ETHICS AND ETHICAL DECISION MAKING	1	2	3	4
Understands the addiction professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship				
Can understand, interpret, and apply confidentiality regulations appropriately				
Effectively practices strategies to maintain one's own physical and mental health				
Can educate other staff on the processes involved in ethical decision making?				
SCORES				
TOTAL				
MAXIMUM SCORE				72

5. PROGRAM DEVELOPMENT	1	2	3	4
Implements of the organization's treatment mission & philosophy				
Clarifies, educates, and orients counseling staff in regard to the treatment mission & philosophy				
Elicits expertise from the counseling staff to facilitate the ongoing developmental nature of the treatment program, mission & philosophy				
Proposes changes based upon current knowledge and understanding of addictions, contemporary systems of health care and societal/community needs				
Facilitates continued development of the treatment program through outcome research, treatment follow-up studies, client satisfaction reports, and supervision of program content, curriculum & treatment strategies				
Conducts organizational needs assessments, develop organizational goals and objectives, monitor program progress and varied staff responsibilities				
Develops & maintains quality assurance programming, elicit staff participation, develops standards based upon current understanding of addictions treatment and established state & federal regulations				
6. MANAGEMENT AND ADMINISTRATION	1	2	3	4
Develops and maintain agency policy & procedure manuals				
Disseminates up-to-date policy amendments, additions, and deletions				
Articulates policies and intent of policies during employee orientation and ongoing supervision				
Develop & maintain necessary documentation forms (client orientation materials, grievance forms, assessment tools, etc.)				
Orients the counseling staff to new or updated forms or clinical tools				
Assists with development & maintenance of all staff position descriptions.				
Performs and/or verifies new employee and counselor orientation through documented orientation plan or forms.				
Develops & maintains a safe working environment, implements & educates staff on agency system protocols.				
Develops & maintains staffing resources to insure client safety & quality continuum of care.				
Implements or assists with implementation of program budget consistent with administrative allocation and regional/national norms for counselor salaries.				
7. DIRECT HUMAN RESOURCE MANAGEMENT	1	2	3	4
Has working knowledge of federal or provincial labour laws as they apply to the agency.				
Has appreciation of their own limitation as it relates to applying labour standards and can consult legal or agency professionals as required.				
SCORES				
TOTAL				
MAXIMUM SCORE				76

8. DOCUMENTATION AND REPORT WRITING	1	2	3	4
Can prepare, organize & perform audits on HR files to ensure adherence to agency policy, accreditation standards & applicable labour laws				
Can prepare statistical and outcome reports that relate to areas of counselor development, ongoing education, or program related outcomes				
Can accurately and consistently document routine supervision session, areas for improvement & ongoing performance management notations as applicable.				
SCORES				
TOTAL				
MAXIMUM SCORE				12

OTHER REQUIREMENTS AND COMPETENCIES				
Oral and Written Communication	1	2	3	4
Ability to speak knowledgeably on Indigenous alcohol/drug issues				
Writing skills				
Ability to give definite and clear instructions				
Ability to hears both side of an argument before passing judgment				
Has the courage and forthrightness to admit errors				
Asks for employees' opinion on matters that affect their job				
Cultural Competencies	1	2	3	4
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous				
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				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery				
Knows and uses his/her native language in the context of his/her job responsibilities as appropriate				
Professional Responsibility/Integrity	1	2	3	4
The ability to know and take care of oneself (wellness plan)				
The ability to maintain a warm, compassionate, healthy, and balanced relationship with clients				
The ability to be a role model with staff, clients, and peers (Code of ethics)				
Effectiveness in maintaining confidentiality of all records, materials and communications concerning the client.				
Demonstrates genuine and authentic interest in supporting the addict in the recovery process and to assist that individual to ultimately help themselves.				
SCORES				
TOTAL				
MAXIMUM SCORE				64

OTHER REQUIREMENTS AND COMPETENCIES				
General traits/attitude	1	2	3	4
Has a good sense of humour and control of his/her temper				
Leads rather than drives and treat employees with respect				
Use leadership skills to get things done rather than relying on position authority				
Honest about situations, praises specifically and gives credit for work done				
Encourages employees to use initiative and doesn't play favourite				
SCORES				
TOTAL				
MAXIMUM SCORE				20
TOTAL EVALUATION SCORE (will be completed by ICBOC)				272

SUPERVISOR'S ENDORSEMENT - please comment on the following

Moral Character _____

Professionalism: _____

Community Standing: _____

Volunteer activities: _____

Personal history of alcohol or other substance misuse: _____

Name of Supervisor (please print): _____

ADDRESS _____

Street

City

_____ TELEPHONE (____) _____

Province

Postal code

Signature: _____

Date: _____

GLOSSARY OF TERMS (SUPERVISOR'S ENDORSEMENT)

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 how the employee engages in community life and the personal and professional regard that is given in return

Volunteer activities

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

Employers² Letter of declaration regarding applicant's 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 ICBOC Policy on Criminal Record Checks, please consult the **ICBOC Standards and Procedures Manual** at www.icboc.ca).

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: _____

² 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

Letter of personal reference #1

In Support of Application for Certification as an Indigenous Clinical Supervisor Specialized in Addictions

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied to the Indigenous Certification Board of Canada for certification as an Indigenous Clinical Supervisor Specialized in Addictions. 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. A glossary of terms has been provided to assist you. If you prefer, **please return the completed letter of reference in a sealed envelope to the applicant**. Failure to do so may 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

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) _____

Letter of personal 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 how the employee engages in community life and the personal and professional regard that is given in return

Volunteer activities

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

Letter of professional reference #2

In Support of Application for Certification as an Indigenous Clinical Supervisor Specialized in Addictions

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied to the Indigenous Certification Board of Canada for certification as an Indigenous Clinical Supervisor Specialized in Addictions. To assist the Board in its evaluation of this applicant, the following information is requested. Please do not provide this information unless you have known the applicant **professionally** for at least three years. A glossary of terms has been provided to assist you. If you prefer, **please return the completed letter of reference in a sealed envelope to the applicant.** Failure to do so may 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)

Employer Co-worker Supervisor Non-relative

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) _____

Letter of professional 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 how the employee engages in community life and the personal and professional regard that is given in return

Volunteer activities

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

Consent Form

Consent for the release of information

I, _____, of _____
Print Name of Employee Print Name of Employer/Organization

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

If you authorize ICBOC to release information as is needed, you can still choose to limit the information released. 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 to the Certification Board and/or it will expire on the expiration date of your ICBOC certification

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

Personal Wellness Plan

Circle of Life

All ICBOC Certified Indigenous Clinical Supervisors Specialized in Addictions 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 wellbeing.

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 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 SEND YOUR PACKAGE OR ASK FOR MORE INFORMATION

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.

To submit your application and/or if you have questions or need more information, please contact:

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 CLINICAL SUPERVISOR IN ADDICTIONS (CICSA)**

This Certification level is available to applicants who are already certified with ICBOC as Certified Indigenous Addictions Specialists at level III (CIAS III) or are certified at a level equivalent to ICAS III with another certification **AND** satisfy the standards and additional requirements of this certification

EDUCATION

Minimum four-year degree B.SC/BA in the social or behavioural sciences (human services, counseling psychology, social work, psychology, or other relevant field) from an accredited educational institution

For Quebec applicants, three (3) years *or more* baccalaureate or degree in social or behavioural Sciences (human services, counseling psychology, social work, psychology, or similar field)

Education and experience requirements: In cases where the education requirement is more than compensated by the length of work experience in the field, ICBOC will give more weight to this experience, complemented by the portfolio of education/training and the Supervisor's evaluation of the applicant.

WORK EXPERIENCE

HOURS

The work experience requirement for certification as a Clinical Supervisor is 4000 hours for a total of 10 000 hours in the field of addictions

A Masters or higher degree including a minimum of 30 hours education in topics directly related to the 8 competencies of a clinical supervisor will reduce the work experience requirement from 10000 to 6000 hours. However:

10 000

- There is no substitution for the 4000 hours of work experience in clinical supervision that are required.
- These 4000 hours must include a minimum of 200 hours of face-to-face clinical supervision.

EDUCATION/TRAINING IN THE COMPETENCIES OF A CLINICAL SUPERVISOR

480 HOURS

Roles and functions of clinical supervisors

40

Models of clinical supervision

40

Mental health-related professional development (Indigenous focus)

40

Methods and techniques in clinical supervision

40

Supervisory relationship issues

40

Cultural issues in clinical supervision

40

Legal and ethical issues in clinical supervision

40

Uses of Technology in Supervision

40

Ethical Considerations in Online Supervision

40

Evaluation of supervisee competence and the supervision process

40

Documentation and Report Making

40

Management and Administration

40

FACE-TO-FACE CLINICAL SUPERVISION

200 HOURS

- Face to face is optimal
- Can occur in a group of staff to enhance overall learning
- Phone can be used as an adjunct in rural areas with majority face to face
- Telehealth can be used if available

CICSA - CONTINUING EDUCATION TOPICS RELATED TO CLINICAL SUPERVISION		20 Hrs
<i>In one or a combination of these topics. Please note that this list of examples is not exhaustive</i>		
Models of Clinical Supervision Team building skills Time Management Employee relations Assessment & Evaluation/Methods & Standards Self Leadership	Management theories Challenges in Clinical Supervision Tools for effective Clinical Supervision Mentoring Leadership Professional development issues	
CICSA - ADDITIONAL SKILL SETS ASSOCIATED WITH THIS LEVEL OF CERTIFICATION		
<ul style="list-style-type: none"> • Ability to negotiate performance objectives, to clarify roles, support counsellor evaluation, and ensure counsellor investment in the supervisory process. • Capacity to assess skills, to identify the counsellor’s areas of strength and weakness. • Knowledge of generic counselling skills, to both model and demonstrate these for the counsellor within a specific frame of reference. • Possess organizational skills, to ensure that supervision is consistent with the organization’s management ‘style’, policies, and procedures. • Knowledge and skills in record keeping, to consistently record decisions and accounts of behavior for performance measurement. • Capacity to manage time in an effective manner to avoid burnout. • Knowledge of case management, specific to determining the size and level of difficulty of case loads, as well as consistent monitoring practices. • Knowledge of treatment planning, to ensure gaps in the planning process are attended to, and for monitoring appropriate treatment plans for each client. • Ability to use of outside agencies and resources, to address gaps in service as identified. 		
CICSA - CULTURAL COMPETENCY		
<p>Cultural competency is an essential required component of all ICBOC certifications</p> <ul style="list-style-type: none"> ▪ Ability to respect, implement and incorporate First Nations culture, beliefs, values, and traditions in treatment, including separate and combined Sweat Ceremonies, Coming of Age Ceremonies and all other cultural/spiritual ceremonies. ▪ Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery. ▪ Cultural competency is verified through the Supervisor’s Evaluation and the References 		
<p>NOTE: EDUCATION/TRAINING</p> <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>		

