

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS WELLNESS AND ADDICTIONS WORKERS**

Contents of the application package for the certification of wellness and addictions workers

FORMS	PAGE
Instructions for completing this application package	3
Check list	4
Personal information form	5
Assurances form	6
Employment history form	7
Employment verification form	8
Educational qualifications form <i>(photocopy the form if you have completed programs from more than three (3) colleges/universities)</i>	9
Instructions for completing the declaration form on alternative learning/training	10
Alternative Learning/Training Declaration form	11
Instructions for completing the form on training provided by external providers	12
Training Provided by External Providers form	13
Supervisor's evaluation form <i>(pages 14 to 19)</i>	14
Supervisor's reference	20
Employers' declaration - applicants' criminal record checks	21
Letter of reference # 1 - Personal <i>(Using the form provided, obtain one letter of <u>personal</u> reference from an individual who has known you personally for at least three years (but who is not a relative)).</i>	22
Letter of reference # 2 - Professional <i>(Using the forms, obtain one letter of <u>professional</u> reference from an individual who has known you professionally for at least six months (but who is not a relative)).</i>	24
Consent form <i>(release of information)</i>	26
Wellness plan to complete and sign <i>(Keep a copy for yourself)</i>	27
ICBOC's code of ethics to date and sign	29
Where to submit your application	30
Summary of Standards and Requirements	31

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 Wellness and Addictions 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 Wellness and Addictions Worker (CIWAW)**.

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 Wellness and Addictions Workers**, available on our website at www.icboc.ca. Click on <https://icboc.ca/certification/list-of-certifications/certified-indigenous-wellnessaddictions-worker-ciwaw/>

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 or 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 30. 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
	Alternative learning/training declaration form
	Training provided by external providers form
	Copy of your graduation certificates or diplomas from educational institutions
	Copy of your formal and/or informal transcripts from educational institutions
	Copy of course descriptions completed in an educational institution program
	Copy of your graduation certificates from all other training providers
	Copy of your declarations/affidavits (if applicable)
	Copy of the certificates documenting any other trainings you have completed (in-house training, external training in the form of workshops, webinars, short courses, conferences, online training)
	Practicum/internship report (if applicable)
	Current comprehensive job description
	Supervisor's evaluation form
	Supervisor's reference
	Letter of reference #1 - personal reference
	Letter of Reference #2 - professional reference
	Employers' Declaration - applicants' criminal record checks
	Consent form (<i>release of information</i>)
	Completed and signed personal wellness plan
	Dated and signed code of ethics
	Payment of the Certification Fee*, in the form of a Cheque or Money Order, payable to the Indigenous Certification Board of Canada or ICBOC

* For more information on applicable fees, please consult ICBOC's website at <http://icboc.ca/certification/list-of-certifications/list-of-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 or admin@icboc.ca

The address to submit your application is provided on page 30

Personal information

Very important: Please ensure that your address and other contact information can be clearly read to avoid errors when we wish to contact you by mail, email or phone. An email address makes communication easier.

APPLICANT'S FULL NAME _____
First Middle Last

ALSO KNOWN AS _____

HOME ADDRESS _____
Street

Town/city Province Postal Code

HOME PHONE (____) _____ EMAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____
Street

Town/city Province Postal Code

BUSINESS PHONE (____) _____ EMAIL ADDRESS _____
Work

email

CURRENT POSITION _____

FIRST NATION AFFILIATION/ORGANIZATION _____

Please check your preferred contact location

HOME OFFICE

Assurances form

I certify that I voluntarily make this application, and freely submit myself to the evaluation of the Indigenous Certification Board of Canada. I will accept the decision of the ICBOC and do accept full responsibility for all consequences of the process of seeking certification.

As an Indigenous Wellness and Addictions 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

To be completed by employer or supervisor

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

Dear employer/supervisor:

You are requested to verify the employment of the applicant whose name appears at the top of this page, and who is applying to the Indigenous Certification Board of Canada for certification as an Indigenous Wellness and Addictions Worker. Applicants must have employment utilizing counselling knowledge and skills in wellness/addiction. **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: _____

APPLICANT'S NAME _____

DATE _____

Educational qualifications

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

1. Name of University/College: _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

2. Name of University/College: _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

3. Name of University/College: _____

(Check appropriate box) Degree Diploma Certificate Other*

Name of degree, diploma, certificate or other* _____

Year degree, diploma, certificate received _____

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

What is alternative learning/training?

As an indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through alternative means. ICBOC considers three distinct situations where this kind of alternative learning/training can be acquired and recognized:

Which situations are recognized as alternative learning/training?

Situation 1. Participation in cultural/traditional activities in the context of your healing work with clients. By attending and/or participating in these activities with your clients, during work hours, you are acquiring skills and knowledge about how and why these activities can impact the recovery and wellbeing of your client.

Situation 2. Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule. This might relate to issues pertaining to your own ability to engage with your clients, for which you are seeking guidance with the view to improve your interventions and relationship.

Situation 3. Training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community. By sharing your knowledge with others, you are also gaining valuable skills and knowledge yourself. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc...

communicating your knowledge is not a one-way process. Your audience is always made up of people who can also contribute their own ideas, views, learnings, values etc.. This will impact and enhance your own knowledge. We encourage employers and supervisors to foster the sharing of the knowledge that already exists among their staff. Creating a community/circle of learning in a workplace enhances individual and collective learning.

IMPORTANT

- Please carefully read, use and complete the form below and/or any copies you submit exactly as instructed, or it/they will not be accepted.
- **Please complete one copy of the form page 11 below per situation** (but you can make photocopies of each form corresponding to a given situation if you need more space).
- You can make photocopies of each form corresponding to a given situation, if you need more space.
- **Do not list** learnings/trainings acquired in **multiple situations on one single form.**
- **Do not use this form to list training provided by external trainers/facilitators.** If you attended in-house or other trainings in other formats, but provided by **external facilitators**, please use and complete the form on page 13.
- Please note that **the maximum number of hours** accepted as part of the Declaration of alternative learning/training **for ALL submitted forms must not exceed 26 hours.**
- **Ensure that each copy** of the forms submitted **is completed as required by a person qualified to sign it** (Elder, employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted).
- **If it is not possible for an Elder** to complete and sign a form for situation 2, it can be completed by one of the other qualified persons. However, the name and contact information of the elder **MUST** be provided on the form or it will not be accepted.

Declaration regarding and applicant's alternative learning/training

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 other means. We strongly encourage employers and supervisors to encourage the sharing of the knowledge that already exists in the place of work. Creating a community/circle of learning in a workplace is a great way to enhance individual and collective knowledge.

REMINDERS:

Please read, use and complete this form carefully, as instructed on page 10. **Failure to do so will annul the forms.**

- **Do not use this form for any training provided by external trainers/facilitators.** If you attended in-house training or other trainings in other formats, but provided by external facilitators, please use and complete the form on page 13.
- You are responsible for requesting and obtaining certificates from external them, and for submitting them with your application

Situation 1. Participation in cultural/traditional activities in the context of your healing work with clients.

Situation 2. Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.

Situation 3. Training you have yourself delivered in-house to your colleagues, your clients or the public. In this case, please also submit both a copy of the training session description, including the title, learning objectives, content description and agenda.

Name of applicant			
Under which particular situation are you listing the training/learning		Date	
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.			
Name of qualified person _____			
Signature of qualified person _____			
Date _____		Telephone # _____	
Month	Day		Year

Training Provided by External Providers INSTRUCTIONS FOR COMPLETING THE FORM ON PAGE 13

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

Who Are Considered External Providers?

- Trainers/facilitators that are invited to your place of work or to your community to deliver training. Both 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

TRAINING PROVIDED BY EXTERNAL PROVIDERS FORM

Applicant's name			
1. Write in this column where/how the training was delivered ie. In-house, university, college, conference, informal, online 2. Please check this column only if you are providing a certificate, employer's declaration/affidavit or transcripts in support of external trainings 3. Photocopy this page if you to list more trainings			
How/Where	Title of training (as indicated on certificate)	Hours	Proof
TOTAL HOURS			
Please check the Summary of Standards and requirements corresponding to the certification you are applying for and provide proof of required training hours in these mandatory topics			
Residential school issues and/or decolonization			
Sixties Scoop			
Jordan's Principle			
TOTAL HOURS SUBMITTED			

Supervisor's evaluation form (page 14 to 19)

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

NAME OF APPLICANT: _____
To be filled in by applicant

Dear employer/supervisor:

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

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

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

Counselling % Case management % Treatment Planning % Referral %

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

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

Core knowledge and skills in addictions and wellness	1	2	3	4
Knowledge of various forms of addictions (substance, solvents, process addictions)				
Knowledge of the physiological mechanisms of chemical dependencies				
Knowledge of the biological, psychological and sociological factors that determine an individual's level of involvement with substances or gambling				
Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of human growth and development				
Knowledge of processes of recovery, including western and traditional models				
Knowledge of relapse prevention planning and techniques				
Knowledge of personal care and individual responsibility for the practice of basic stress management				
Understands the importance of balancing professional and personal lives				
Knowledge of Indigenous approaches to mental wellness				
Scores				
Total score wellness-addiction topics				
Maximum score this page				48

Counselling knowledge and skills (Individual, group and family/significant others)		1	2	3	4
Knowledge of addictions counseling theories and practice					
Ability to use Counselling models, techniques, to educate, elicit feelings, facilitate self-understanding, and motivate the client to wellness					
Ability to establish and maintain a genuine, warm, respectful, and empathic therapeutic relationship with a client					
Familiarity with the philosophy and process of recognized and accepted self-help groups such as: AA, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, etc... and recognition of the importance of these supports for long term rehabilitation					
Knowledge of and skill in goal setting, contracting, and problem solving					
Ability to recognize denial defense behaviors and mechanisms, and to motivate clients to achieve their treatment goals					
Ability to locate and/or develop and utilize informational support systems					
Ability to recognize own professional and personal limitations					
Skills and effectiveness in individual counselling					
Skills and effectiveness in group counselling					
Skill and effectiveness in counselling with spouse and family					
Scores					
Total score counselling knowledge and skills					
Maximum score Counselling					44
General knowledge and skills in support of professional practice		1	2	3	4
Communication					
Active Listening	Capacity to support others to express themselves				
	Capacity to fully concentrate on what is being said				
Verbal communication	Ability to provide, solicit and receive feedback respectfully				
	Ability to convey ideas and facts orally using language that clients and others can best understand				
	Ability to speak to clients in their Indigenous language				
Non verbal communication	Is aware of non verbal means of communication				
	Capacity to use non-verbal skills to create a supportive environment for clients				
Reading	Grasps meaning of information & applies it to work situation				
Written Communication	Ability to write accurate reports with relevant information				
	Ability to write correspondence in a professional manner				
Group facilitation					
Understands the principles and methods of group facilitation					
Capacity to match facilitation strategies to needs of groups					
Direct experience in group facilitation					
Scores					
Total score General knowledge					
Maximum score general knowledge and skills					52

General knowledge and skills in support of professional practice	1	2	3	4
Interviewing Skills				
Understands the role of interviewing in gathering relevant information				
Knowledge of effective interviewing approaches and techniques				
Capacity to use a style of interviewing best able to establish good rapport with client, to motivate client and elicit information				
Knowledge of privacy, confidentiality protocols and regulations and client rights				
Ability to keep clear and accurate records from interviews				
Conflict Management (resolution/mediation)				
Knowledge of sources of conflict				
Knowledge of conflict management approaches and practices				
Experience with conflict management				
Knowledge of resources to call on in situation of conflict				
Scores				
Total score – General knowledge and skills				
Maximum score general knowledge and skills				36
Knowledge in the core functions	1	2	3	4
Screening				
Knowledge and understanding of the role of screening				
Knowledge of methods/approaches to screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms, potential for self-inflicted harm or suicide				
Ability to determine client’s readiness for treatment				
Capacity to interpret the results of screening				
Intake				
Knowledge of necessary administrative procedures for admission to treatment				
Knowledge of data gathering tools related to admission (forms, filing procedures)				
Knowledge of interviewing techniques				
Knowledge of protocols regarding the gathering and storing personal client information (confidentiality, clients legal rights)				
Capacity to listen, offer choices, respect client preference and make client feel valued				
Assessment				
Knowledge of the role of assessment as a component of a client-centered plan				
Knowledge of the assessment methods, tasks and instruments				
Ability to interpret assessment results				
Client Orientation				
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc...				
Scores				
Total score –knowledge in core functions				
Maximum score knowledge in score functions this page				52

Knowledge in the core functions	1	2	3	4
Treatment Planning				
Understand the value of an interdisciplinary approach to addiction treatment				
Knowledge of treatment approaches and long range rehabilitation processes				
Capacity to translate assessment information into treatment plans with clear goals and outcomes				
Ability to consider the readiness of the client and significant others to participate in treatment				
Ability to involve clients in planning their individual treatment, admission and discharge				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
Ability to understand various treatment processes, their strengths and limitations				
Ability to make treatment recommendations based on information obtained from relevant instruments (ex: screening and assessment results) and matching treatment to clients needs, ability and preferences including clients' legal rights				
Knowledge building/Client Education				
Ability to educate individuals & groups on the effects of alcohol misuse and abuse				
Ability to explain the risks and implications related to psychoactive substance use				
Knowledge of available prevention, treatment services and recovery resources				
Case Management				
Knowledge of case management models				
Knowledge of treatment options				
Capacity to develop, evaluate, adjust, treatment plans as appropriate				
Knowledge of methods to assess client's progress toward treatment goals				
Ability to match clients and most appropriate available services				
Knowledge human resources (self-help groups, agencies, crisis intervention programs, other professionals, governmental entities, and the community-at-large etc..) to address needs and ensure appropriate referrals				
Ability to establish and maintain helping relationship with clients, family members, co-workers and external colleagues				
Ability to advocate for clients				
Referral				
Knowledge of and access to community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to match clients and most appropriate available services (traditional/cultural/spiritual/pastoral counseling, vocational/occupational counseling)				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
Ability to follow-up to ensure client gets service from other providers				
Scores				
Total score –knowledge in core functions				
Maximum score knowledge in score functions this page				92

Knowledge in the core functions	1	2	3	4
Crisis Intervention				
Knowledge and understanding of what constitutes a crisis and ability to recognize a client in crisis				
Knowledge of the principles of crisis intervention				
Capacity to develop and implement a plan for resolving a crisis				
Knowledge of counseling techniques for individuals in crisis in order to ensure safety and promote positive change				
Knowledge of community resources and supports to assist in the management of the crisis				
Reports and Record Keeping				
Knowledge of internal protocols for client record management				
Ability to prepare reports/records that comply with regulations				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records				
Ability to protect client rights to privacy and confidentiality in the preparation and handling of records				
Teamwork				
Ability to gather information about client and client's treatment process to identify consultation needs				
knowledge of internal and external resources able to provide assistance in regard to client's needs				
Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders				
Respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.				
Ability to summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes during treatment				
Scores				
Total score knowledge in core functions				
Maximum score knowledge in core functions this page				60
TOTAL CORE FUNCTIONS (will be calculated by ICBOC)				
Knowledge in addiction-related topics	1	2	3	4
HIV/AIDS				
FASD				
Suicide				
Grief and loss				
Prescription drugs				
Process addictions				
Scores				
Total score addiction-related topics				
Maximum score addiction-related topics				24

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

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 _____

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"

Employers¹ declaration - applicants criminal record checks

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

<p style="text-align: center;">LETTER OF DECLARATION REGARDING THE CRIMINAL RECORD CHECK OF AN APPLICANT SUBMITTING AN APPLICATION FOR CERTIFICATION WITH ICBOC</p> <p>Name of applicant _____</p> <p>Name of organisation or institution where the applicant is employed _____ _____</p> <p>Employer's name _____</p> <p>I, _____ affirm that I am the applicant's employer.</p> <p>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.</p> <p>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.</p> <p>Signature of the employer _____</p> <p>Date: _____</p>

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

Personal letter of reference #1

In support of an application for certification as a Certified Indigenous Wellness/Addictions Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Wellness/Addictions 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 prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

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

6. Commitment to helping alcohol/drug misusers _____

Personal letter of reference #1 (second page)

7. Volunteer Activities _____

8. Other Remarks _____

Name of Referee _____

Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

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

Glossary of terms – Reference letter #1

Moral Character

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

Professionalism

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

Community Standing

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

Commitment to helping alcohol/drug misusers

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

Professional letter of reference #2

In support of an application for certification as a Certified Indigenous Wellness/Addictions Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as an **Indigenous Wellness/Addictions 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 prefer**, you can return the completed letter of reference in a sealed envelope to the applicant. Failure to provide this reference will jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

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

6. Commitment to helping alcohol/drug misusers _____

Professional letter of reference #2 (second page)

7. Volunteer Activities _____

8. Other Remarks _____

Name of Referee _____

Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

Please return the completed letter of reference to the applicant, in a sealed envelope if you prefer. Thank you.

Failure to return this form to the applicant may jeopardize the timely processing of his/her application.

Glossary of terms – Reference letter #2

Moral Character

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

Professionalism

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

Community Standing

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

Commitment to helping alcohol/drug misusers

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

Consent form

Consent for the release of information

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

hereby consent to and authorize 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 Wellness/Addictions Workers** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

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

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

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

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

Examples:

a. Strengths

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

b. Spiritual

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

c. Emotional

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

d. Physical

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

e. Mental/Social/Cultural

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

My personal wellness plan

My name: _____ Date: _____ Signature: _____

A. My **Strengths**: _____

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

B For my **Spiritual** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

C. For my **Emotional** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

D. For my **Physical** wellbeing:

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

E. For my **Mental** wellbeing,

My goal is: _____

Steps I take to reach my goal:

1. _____

2. _____

3. _____

ICBOC CODE OF ETHICS

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional 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 ICBOC's website at <http://icboc.ca/certification/list-of-certifications/list-of-fees/>

SUMMARY OF STANDARDS AND REQUIREMENTS CERTIFIED INDIGENOUS WELLNESS AND ADDICTIONS WORKER (CIAW)		
Education	Completion of a secondary school or other studies at higher level in the helping field, with integrated or additional formal or informal training/education in addictions OR portfolio of training (formal or informal) that reflects the requirements of this certification.	HOURS
Experience	One (1) year minimum of helping experience or practice in direct helping/counselling support services to clients affected by addictions or mental wellness issues. and that can be accumulated in the following manner: <ul style="list-style-type: none"> • Paid work experience in current and previous employment providing services similar to the current employment • Experience acquired by means of a practicum/internship/placement, undertaken as part of a program of studies • Proven experience as a volunteer, providing services similar to the current employment (to a maximum of 100 hours) Please note that this certification is not available for administrative positions	2000
Education or Training 350 hours minimum	Core knowledge and skills in wellness and addictions	120
	Counselling knowledge and skills	40
	General knowledge and skills in support of professional practice	40
	Cultural knowledge and skills	40
	Knowledge in the core functions of a wellness and addictions worker (CIAW)	80
	Related knowledge and skills – addictions and mental wellness	30
Supervisor's Evaluation	<ul style="list-style-type: none"> • Core knowledge in addictions and mental wellness • Related knowledge in addictions and mental wellness • General knowledge • Knowledge and skills in the core functions of a CIAW 	70%
Minimum scores	<p style="text-align: center;">Cultural competencies</p> <ul style="list-style-type: none"> • Knowledge of cultural healing approaches to addictions and mental wellness <p style="text-align: center;">Professional Integrity</p> <ul style="list-style-type: none"> • Professional attitude • Professional conduct 	80%
Practicum	Some hours of training in the core functions can be counted (must submit Practicum Report)	
Core knowledge and skills in wellness and addictions		120 hrs
Introduction to mental health		10
Indigenous concepts of mental wellness and issues*		10
Introduction to substance addictions (Alcohol, solvents, drugs, including prescription drugs)		20
Introduction to process/behavioural addictions		10
Impacts of addictions on the family		10
Addiction treatment approaches		10
Pharmacology		10
Addiction prevention strategies		10
Human development across the lifespan		10
Ethics		10
Self care, health, and wellness		10
Counselling knowledge and skills		40 hrs
• One-on-one, group, couple, youth, family counselling		20
• Counselling process		10
• Counselling theories		10

Knowledge and skills in support of professional practice		40 hrs
• Communication		25
• Interviewing techniques		7
• Conflict management (resolution/mediation)		3
• Clients' safety		5
Cultural knowledge and skills		40 hrs
Cultural/traditional knowledge on topics specific to Aboriginal culture and/or history, acquired through formal or informal training or through activities pursued in the context of working with/treating a client, including knowledge and ability to communicate with clients in an Aboriginal language		20
Residential school issues and/or decolonization		10
Sixties Scoop		5
Jordan's Principle		5
Knowledge in the core functions of a CIWAW		80 hrs
• Screening		5
• Intake		5
• Assessment		7
• Client orientation		5
• Treatment planning		7
• Knowledge building		7
• Case management		7
• Referral		10
• Crisis management		7
• Reports and record keeping		10
• Teamwork		10
Related knowledge and skills - Addictions and mental wellness (list not exhaustive)		30 hrs
• Minimum 1 hour in any given subject (proof of education/training is required)		
<ul style="list-style-type: none"> • Grief work • FASD • Suicide • Depression • Trauma • PTSD • HIV/AIDS • STDs • Mental health • Concurrent disorders • Healthy nutrition • Indigenous medicines • Medicine wheel • Burnout • Self-care and wellness • Resilience 	<ul style="list-style-type: none"> • Forms of addictions • Specific drugs/substances • Epidemiology of addictions • Relapse prevention • Concurrent disorders • LGBT issues • Indigenous traditional lifestyles • Holistic healing • Workplace harassment • Domestic violence • Lateral violence • Lateral kindness • Healthy parenting • Traditional teachings • Emotional intelligence • Life coaching topics 	<ul style="list-style-type: none"> • Indigenous traditional healing practices • Healing and humour • Healing through songs • Healing through traditional craft-making • On-the-land healing • Story telling • Traditional games • Country food • Traditional art • Decolonization • Gambling addiction • Internet addiction • Sexual addiction • Alcohol addiction and diabetes • Addiction and the brain

NOTE: EDUCATION/TRAINING

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.

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.

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.