

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS ATTENDANTS
IN RESIDENTIAL ADDICTION SERVICES**

Contents of the application package for the certification of Indigenous Attendants in Residential Addiction Services (CIARAS)

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

Instructions for completing this application package

Have you consulted the attached **Summary of Standards and Requirements for Indigenous Attendants in Residential Addiction Services (page 29)**, 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 Attendant in Residential Addiction Services (CIARAS)**.

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 Attendant in Residential Addiction Services**, available on our website at www.icboc.ca. Click on <https://icboc.ca/certification/list-of-certifications/certified-indigenous-attendant-in-residential-addiction-services/>

If your supervisor and your referees wish to keep their references confidential (including the supervisor's evaluation), please provide them with an envelope (none are included in the application package) with the following information printed on the front.

Example: for a letter of reference the information on the outside of the envelope should bear the following information: Letter of Reference for (Write your first and last name)

Your application materials will first be received, logged, dated and filed by our Administrative Coordinator. Your application file will be passed on to our Registrar for review **only when the complete package** with the cheque or money order (payable to the Indigenous Certification Board of Canada or ICBOC) has been received. Be sure to include your return address on the outside of the envelope containing your application package.

IMPORTANT: You might change address during the two years leading to your certification renewal, and we won't be able to contact you at the old address. **Please do not forget to inform us of any future change of address.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please call us at: 450-983-8444 by email at registrar@icboc.ca

We look forward to receiving your application package and to assisting you in any way that we can.

Check List

You are responsible for submitting **ALL** the following forms to the Registrar at the address noted on page 28. Please visit our website for other information and documents related to this certification (www.icboc.ca).

	Personal Information Form
	Assurances Form
	Employment History Form
	Employment Verification Form
	Educational Qualifications Form
	Copy of your certificates or diplomas from educational institutions
	Copy of your transcripts with number of course hours for each course
	Practicum/internship Report (if applicable)
	Declaration verifying alternative learning/training
	Verification form for training delivered by external or in-house trainers
	Photocopy of certificates for trainings delivered by external or in-house trainers
	Current comprehensive Job Description
	Supervisor's Evaluation Form
	Letters of Reference #1 - personal reference
	Letters of Reference #2 - professional reference
	Employers' Letter of Declaration regarding Applicants' Criminal Record Checks
	Consent Form (<i>Release of information</i>)
	Completed and signed Personal Wellness Plan
	Dated and signed Code of Ethics
	Payment of the Certification fee*, in the form of a cheque, or money order, payable or Indigenous Certification Board of Canada or ICBOC

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

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

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

The address to submit your application is provided on page 28

Personal Information

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

APPLICANT'S FULL NAME _____
First Middle Last

CURRENT POSITION _____

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

HOME ADDRESS _____
Street

Town/city Province Postal Code

HOME PHONE (____) _____ EMAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____
Street

Town/city Province Postal Code

BUSINESS PHONE (____) _____ EMAIL ADDRESS _____
Work email

FIRST NATION AFFILIATION/ORGANIZATION _____

Please check your preferred contact location

HOME OFFICE

Assurances Form

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

As an Indigenous Attendant in Residential Addiction Services 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**. Please write this information, including the date.

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

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

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

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

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

APPLICANT'S NAME _____ DATE _____

Employment verification form

To be completed by employer or supervisor

Applicant: If verification by more than one employer is required to meet the Certified Indigenous Attendant in Residential Addiction Services (CIARAS) 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 Attendant in Residential Addiction Services. Applicants must have employment utilizing wellness/addictions skills. **Please return the completed and signed form to the applicant, if you prefer, you can return it in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

Name of employing organization _____

Address _____ Telephone _____

City _____ Province/Territory _____ Postal Code _____

Name of employer/supervisor (Print) _____

Title of employer/supervisor: _____

Position of Applicant _____ Employed from _____ To _____
month/day/year month/day/year

Major Duties _____

Additional position(s) previously held by the applicant in your organization (if any):

1. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

2. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

Signature of employer/supervisor: _____ Date: _____

Educational qualifications

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

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 supervisor 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 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 _____			

Training delivered by external providers INSTRUCTIONS FOR COMPLETING THE FORM ON PAGE 13

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

Who Are Considered External Providers?

- Trainers/facilitators that are invited to your place of work or to your community to deliver training. Both of these training formats are considered in-house training. but you must use the form page 13 to list these trainings and submit the required proofs.
- Facilitators, presenters or instructors who delivered the training you completed outside of your place of work or community

Types of trainings delivered by external providers

- **In-house training**

Training delivered in your place of work or in your community are considered in-house training. But you must use the form page 13 to list these trainings and submit the required proofs.

- **External training**

The following are considered external training, delivered by external providers:

- Formal courses or programs delivered by universities and/or colleges or other educational institutions (online or classroom-based)
- Informal training in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or in the context of conferences (online or classroom based)

What are the proofs of training accepted by ICBOC?

1. **Certificates:** You are responsible for obtaining certificates of attendance/completion from external training providers. Certificates must be submitted for every completed training and must bear the following information: the name or logo of the training provider, your full name, the date (s) of the training, the training title(s) and number of training hours, and the signature of the training provider or facilitator. Certificates that do not indicate these information items are not accepted. When only the date(s) of training is/are indicated on the certificates, ICBOC grants 6.5 hours for each day of training.
2. **Declarations or affidavits:** If under special circumstances, you do not have access to or cannot acquire a certificate, ICBOC will accept a declaration on the employer's letterhead, from a person qualified to vouch for the training you have completed. This includes your employer/executive director, your supervisor, the human resources manager of training coordinator or manager. The declaration must mention your full name, the date(s) of the training, the training title(s) and number of training hours, as well as the complete and legible contact information of the qualified signatory.
3. **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
4. **Unofficial transcripts** are accepted for programs that have been partially completed.
 - The name of the institution, the student and the program must be documented on these transcripts.
 - **Please provide the internet link to the program** so that ICBOC can review the course descriptions. ICBOC might request from you a description of the courses completed.
5. **Proof of Conference training attendance/completion** If your training was completed in the

context of a conference, please provide a certificate showing the title and hours for every session attended. Registration receipts, copy of conference program etc.... are not accepted as proof of attendance and completion

Training delivered 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 17)

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: _____

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 as a Certified Indigenous Attendant in Residential Addiction Services (CIARAS). Applicants must have employment utilizing the competencies documented in his/her job description. **Please return the completed and signed form to the applicant, if you prefer, return it to the applicant in a sealed envelope.** The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

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

Brief Counselling Intervention % Client Safety % Crisis Intervention %

IMPORTANT: Please place a cross (x) in the box that most accurately reflects the applicant’s knowledge or skill

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

Core knowledge in addiction and mental wellness topics	1	2	3	4
Basic knowledge on different types of addictions (drugs, alcohol, other process addictions)				
Knowledge of the signs and symptom of addiction				
Knowledge of medication administration				
Knowledge of Indigenous perspectives on mental wellness				
Knowledge of personal care and stress management				
Scores				
Total Score				
Maximum score				20
Counselling knowledge and skills	1	2	3	4
Knowledge of brief intervention approaches and techniques and their benefits				
Ability to determine when brief intervention can be used/who can best benefit from this counselling approach				
Ability to listen and converse with clients in a manner that is a culturally sensitive and responsive to clients' needs and situation				
Ability to know when to refer client's issues to counsellors				
Understand the basic concept of peer support				
Knowledge of the benefits of peer counseling				
Knowledge of the challenges and limitations in using peer counselling				
Scores				
Total score				
Maximum score				28

General knowledge and skills in support of professional practice	1	2	3	4
Communication				
Listening – Understand and learns from what others say				
Speaking – Conveys ideas and facts orally using language easy to understand				
Reading – Grasps meaning of information & applies it to work situation				
Written Communications – Writes accurate reports with relevant information				
Is familiar with computer-based communication – Keyboarding, emails, social media etc...				
Ability to communicate in a native language				
Motivational interviewing				
Is able to define motivational Interviewing				
Knowledge of the principles of motivational Interviewing (MI)				
Ability to describe the 4 Processes of motivational Interviewing				
Knowledge of the do's and don'ts of motivational interviewing practice				
Ability to assess a client readiness/motivation for change				
Pharmacology (basic knowledge and skills in medication administration)				

Knowledge of the difference between “prescription” and “over the counter” medications				
Knowledge and practice of the “five rights” recommended to reduce medication errors and harm: (right patient, right drug, right dose, right route, right time)				
Knowledge of the drugs used during the period of drug withdrawal and detox				
Knowledge of the medications that are used for clients with alcohol addiction				
Knowledge of the medications used for clients with heroin and/or opiate addiction				
Ability to supervise effectively clients who self-administer their medication and to inform senior professionals if incorrect usage is suspected				
Conflict resolution				
Is able to keep calm in situations of conflict				
Is able to intervene and prevent conflict situations from escalating into crisis				
Knowledge of methods and techniques to negotiate the resolution of conflicts				
Is able to prevent and/or resolve conflicts while preserving relationships				
Ability to recognize one’s limit and to refer unresolved conflicts to the right person				
Safety skills				
Has relevant safety training conform to workplace policy, regulations and standards of practice				
Ability to participate fully in all security and safety measures, policies and procedures ensuring the safety of clients, co-workers and stakeholders				
Ability to report and respond appropriately to client injury or illness				
Is committed to clients’ health and safety in the work environment, including infection prevention				
Scores				
Total score – General knowledge and skills				
Total maximum score – General knowledge and skills				104

Knowledge and skills in the core functions	1	2	3	4
Client Care				
Demonstrate a strong commitment to client care				
Capacity to build trusting relationship & demonstrate compassionate, culturally safe care				
Ability to support clients’ progress through their treatment program				
Ability to act as a role model, thus providing guidance and support to clients				
Ability to define the care needed to be provided to clients when illness/accidents occur				
Client monitoring				
Ability to create a safe and secure environment by respecting policies and procedures				
Actively manage risk, promotes & contributes to an orderly, safe and secure environment				
Ensure that clients are knowledgeable of and comply with all safety and health requirements				
Ability to monitor clients during assigned shift, assessing safety needs and implementing procedures in the event of a crisis and emergency				
Ability to monitor the administration of medication according to established policies, procedures and regulations				

Client orientation				
Ability to describe to the client the general nature and goals of the program				
Ability to describe to the client the rules governing client conduct and infractions				
Crisis intervention				
Knowledge and understanding of what constitutes a crisis				
Ability to recognize a client in crisis				
Knowledge of the principles of crisis intervention				
Knowledge of techniques to deal with crisis situations and to ensure safety				
Knowledge of resources and supports to assist in the management of a crisis				
Reports and record keeping				
Ability to document accurately and appropriately all activities, incidents, issues of concern				
Ability prepare statistical data to inform on the monitoring and evaluation of work plans & year end reports				
Ability to use computers to document information for clients' files according to policies and procedures				
Teamwork				
Ability to establish and maintain good relationship with team members, characterized by a high level of acceptance, cooperation and mutual respect				
Ability to promote cooperation and commitment within the team to achieve goals and objectives				
Is willing to participate and contribute in staff and supervisory meeting				
Knows and support colleagues' work and deliverables				
Willingness to help colleagues who need or ask for help for support or assistance				
Scores				
Total score –knowledge and skills in the core functions of a CIARAS				
Total maximum score – knowledge and skills in the core functions of a CIARAS				100
Cultural competencies	1	2	3	4
Knowledge of the impacts of colonisation on indigenous communities, families and individuals				
Understanding of indigenous nations own history and cultures in Canada				
Knowledge of environmental & sociocultural aspects of addictions as they relate to Indigenous communities, families and individuals				
Ability to incorporate cultural beliefs, values and traditions in interventions with clients				
Ability to support the cultural and learning of Indigenous clients while respecting the diversity within the community				
Ability to encourage and support clients' participation in traditional and cultural aspects of spiritual recovery				
Knowledge of cultural practices and protocols associated with traditional ceremonies				
Uses his/her Indigenous language in the services provided to clients				
Scores				
Total score – Cultural competencies				
Maximum score – Cultural competencies				32

Professional integrity	1	2	3	4
Ability to maintain a genuine, warm, supportive, healthy and balanced relationship with clients				
Ability to be exemplary, courteous and tactful in all situations and interactions				
Ability to communicate truthfully and avoid raising unreasonable expectations in others				
Adherence to the code of conduct, ethical policies, and procedures of the organization				
Ability to be a role model with clients and peers				
Maintains confidentiality of all records, materials and communications concerning clients				
Demonstrates authentic interest in supporting clients in ultimately helping themselves				
Knows the values/teachings guiding personal and profession conduct in relationships				
Scores				
Total score – Professional integrity				
Maximum score professional integrity				32

Glossary of terms - Supervisor's Reference

Moral Character

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

Professionalism

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

Community Standing

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

Commitment to helping alcohol/drug misusers

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

Supervisor's reference - Please comment on the following

Moral Character _____

Professionalism _____

Community Standing _____

Non-Alcohol/Drug Related Activities _____

Personal history of alcohol or other substance misuse _____

Commitment to helping alcohol/drug misusers _____

Name of Supervisor (please print): _____

ADDRESS _____
Street City

Province Postal code TELEPHONE (____) _____

Signature: _____

Date: _____



Employers¹ declaration - 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 the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

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

Name of applicant _____

Name of organisation or institution where the applicant is employed _____

Employer's name _____

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

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

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

Signature of the employer _____

Date: _____

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

Personal letter of reference #1

In support of an application for certification as a Certified Indigenous Attendant in Residential Addiction Services (CIARAS)

NAME OF APPLICANT: _____

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

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

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend Co-worker Supervisor 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. 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 Attendant in Residential Addiction Services (CIARAS)

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Certified Indigenous Attendant in Residential Addiction Services with the Indigenous Certification Board of Canada. To assist the Board in its evaluation of this applicant, the following information is requested. **You must have known the applicant professionally for at least three years.** The referee must not be a relative. A glossary of terms has been provided to assist you.

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

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

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

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

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

6. Commitment to helping alcohol/drug misusers _____

Professional letter of reference #2 (second page)

7. Volunteer Activities _____

8. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

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

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

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

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

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

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

Personal Wellness Plan

Circle of Life

All **Certified Indigenous Attendant in Residential Addiction Services (CIARAS)** 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
- Ensure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

Signature

Date: _____

Name (Please print)

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

**SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS ATTENDANT IN RESIDENTIAL ADDICTION SERVICES (CIARAS)**

Education	Completion of Secondary school or other studies at higher level that include courses in the required education/training for this certification	Hours
Experience	<p>Five hundred hours (6 months) of work experience or practice in direct support services to clients affected by addictions or mental issues. and that can be accumulated in the following manner:</p> <ul style="list-style-type: none"> • Paid work experience in the current position and in remunerated previous occupations providing services similar to the current employment • Experience acquired by means of a practicum/internship/placement, undertaken as part of a program of studies • Proven experience as a volunteer providing services similar to the current employment (to a maximum of 100 hours) <p>Please note that this certification is not available for administrative positions.</p>	500
Education or Training 200 hours minimum	Core Knowledge and Skills in Addiction and Wellness	40
	Counselling Knowledge and Skills	10
	General Knowledge and Skills in Support of Professional Practice	50
	Cultural Knowledge and Skills	30
	Knowledge and Practice in the 5 Core Functions	30
	Addiction and Mental Wellness-Related Topics (See list of topics page 2)	40
Supervisor's Evaluation Minimum Score	<ul style="list-style-type: none"> • Introduction to Addictions • Introduction to Mental Wellness • Knowledge and Skills in Support of Professional Practice • Knowledge and Skills in the 8 Core Functions • Cultural Competencies • Professional Integrity 	70%
Practicum	Some hours of training in the core functions can be counted (must submit Practicum Report)	
Core Knowledge and Skills in Addiction and Wellness		40 hrs
Forms of addictions including substance, solvents, and process addictions		10
Signs and symptoms of addiction		6
Treatment approaches to addiction		6
Effects of addiction on the individual and the family		6
Basic mental health concepts and issues		6
Cultural concepts that support mental wellness (individual, community, family)		6
Counselling Knowledge and Skills		10 hrs
• Basic counselling approaches/techniques		5
• One-on-one, group, family counselling		5
General Knowledge and Skills in Support of Professional Practice		50 hrs
• Interpersonal communications		10
• Motivational Interviewing		6
• Pharmacology		6
• Conflict Resolution		6
• Self-care		6
• Safety and security issues and topics		10
• Professional Ethics		6
Cultural Knowledge and Skills		30 hrs

Cultural/traditional knowledge and skills acquired through formal or informal education, or training/learning context of working with/treating a client, focused on topics specific to Aboriginal culture, traditions, socio-historical issues.	15
Residential school issues and/or decolonization	5
Sixties Scoop	5
Jordan's Principle	5
Knowledge and Practice in the 5 core functions	30 hrs
Care planning	6
Client supervision and support	6
Referral	6
Client education	6
Teamwork	6
Addiction and Mental Wellness-Related Topics (list not exhaustive)	40 hrs
<ul style="list-style-type: none"> • Grief work • FASD • Mental health • Residential School & Intergenerational Trauma • Aboriginal & Western therapeutic Approaches • Philosophies & theories - Aboriginal healing practices • HIV/AIDS • STDs • Indigenous & mainstream approaches to self-care and wellness • Neurological aspects of addictions • Nutrition and Alcohol and drug addictions • Diabetes • Alternative healing practices 	<ul style="list-style-type: none"> • Trauma work • Suicide • Relapse prevention • Specific drugs/substances • Co-occurring disorders • Cultural healing practices • Resilience • Concurrent disorders • Healthy lifestyle/life coaching topics • Healthy parenting • LGBTQ issues • Addictions-Related health issues
NOTE ON EDUCATION/TRAINING	
<p>The required training hours may be acquired through university or college education programs, informal training offered by a range of training providers, including independent trainers. This training may be delivered in a variety of formats (programs, courses, workshops, seminars, webinars) and venues (class setting, in-house, online, conferences). ICBOC also accepts training hours acquired through alternative forms of learning/training. All training hours must be supported by proof of attendance/completion.</p> <p>This includes transcripts, certificates and affidavits/declarations by qualified persons. Certificates must clearly bear the name of the provider, the title of the training, number of hours, date(s) of training and signature of the provider/trainer. 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>	