



INDIGENOUS CERTIFICATION BOARD OF CANADA

CERTIFICATION REACTIVATION APPLICATION

Archived files

PERSONAL INFORMATION			
Applicant's Full Name			
Professional Title			NNADAP worker?
Work place	Treatment Centre - TC	Community based - CW	Program Instructor - PI
Other workplace (Please specify)			
Pre-Reactivation Certification and Level			
Certificate No.			Expiration Date
Home Address			
Home Phone			Cell
Email			
Current Employer			
Business Address			
Work Phone			Work Email
<p>NOTE: This form is to be used to reactivate a file that has been placed in archives because the certification was not renewed or the application was left incomplete, for a period exceeding six (6) months.</p> <ul style="list-style-type: none"> To reactivate your certification, please complete this form and submit all required documents listed in the DOCUMENT CHECKLIST. Please also provide proof of the hours of training required according to the EDUCATION/TRAINING REQUIREMENTS formula that corresponds to your situation. Any information not required in this form but that you provided in your first application is considered as still valid unless it is out of date, in which case you are responsible for submitting an updated version. 			
DOCUMENT CHECKLIST			
Form 2 -Training by external providers			
Form 3 - Declaration of alternative learning/training			
New Supervisor's evaluation matching the certification you are reactivating			
Supervisor's reference form*			
Professional reference form *			
Copy of your current job description			
Copy of your certificates/declaration/transcripts for the education/training hours calculated according to the formula corresponding to your situation.			
<p>*Supervisor's Evaluation forms and Supervisor's reference forms are included in all certification applications available on the ICBOC website at http://icboc.ca/certification/list-of-certifications/ You can also email the registrar's office at admin@icboc.ca or call 1 450-983-8444 to request the copy you need.</p>			
FORMULAS TO CALCULATE THE HOURS OF TRAINING REQUIRED TO REACTIVATE A CERTIFICATION			
Situation	Length of time in archives	Required documents and training hours	
Non renewal of a certification	Over 1 year and up to 5 years	Submit a new application	
	Over 6 months and up to 5 years	5 hours for each 3 months in archives + 40 hours*	
Incomplete application	Over 6 months but less than 1 year	Submit missing documents	
	Over 1 year	Submit a new application	
<p>IMPORTANT: These 40 hours are added to the other hours and must:</p> <ul style="list-style-type: none"> Have been completed in the past 24 months Are on topics reflecting the education/training required for your specific certification and level 			

CERTIFICATION REACTIVATION APPLICATION GUIDELINES
INSTRUCTIONS FOR COMPLETING FORM 2

This form 2 is for you to document the education and training that you have completed, and that was delivered by external providers.

External providers are:

- Institutions or organizations who deliver formal education programs or training
- Trainers/facilitators invited to deliver their training at your place of work or in your community.

Education or training that can be delivered by external providers:

- Courses or programs normally delivered by educational institutions or organizations (online or classroom-based)
- More informal training offered in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or in the context of conferences.

ACCEPTED PROOFS OF TRAINING:

- **Certificates** bearing the required information must be submitted for every completed training. Certificates that do not indicate the number of hours or the dates of training are not accepted.
- When only the date(s) of training is/are indicated on the certificates, ICBOC will grant 6.5 hours for each day of training.
- **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
- **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 all 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.
- **Affidavits/Declarations.** You are responsible for obtaining certificates of attendance/completion. If you do not have access to or cannot acquire your certificates, we accept, under extenuating circumstances, a declaration on the employer's letterhead from your employer or supervisor. It must include the date of the training, the title and number of hours as well as the complete and legible contact information of the qualified signatory.
- 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 proofs of attendance and completion.

RECERTIFICATION APPLICATION GUIDELINES
INSTRUCTIONS FOR COMPLETING FORM 3

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. Below are three distinct situations where this kind of alternative learning/training can be acquired and recognized:

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. Among the skills you will acquire are presentation skills, interpersonal skills, communication, analytical, time management skills etc... Imparting 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 read, use and complete this form carefully, as instructed, or the form will not be accepted.

- **Do not use this form** to list **any training provided by external trainers/facilitators**. If you attended in-house training, provided by external facilitators, use form 2.
- Please complete one form (form 3) per situation. Do not list learnings/trainings acquired in multiple situations on one single form. Please make as many photocopies of form 3 as you require to separately document learnings/trainings pertaining to each individual situation.
- Please note that the maximum number of hours accepted as part of the Declaration of alternative learning/training must **not exceed 26 hours**.
- **Ensure that each copy of form 3 listing the learnings/trainings 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 form 3 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.

FORM 3 - DECLARATION OF ALTERNATIVE LEARNING/TRAINING

Name of applicant		Date of this declaration	
Through which situation did you acquire the learning/training you are listing in this form (Check appropriate box)			
Situation 1	Situation 2	Situation 3	Documents for situation 3 are included?(checkmark the box)
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		
Date	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 # _____
Year Month Day

Professional Letter of Reference

In support of an application for certification as a Certified Indigenous Client Support Addiction Worker

NAME OF APPLICANT: _____
To be filled in by applicant

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

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

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (check appropriate box)

Friend Co-worker Supervisor Non-relative

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 mis-users _____

Professional Letter of Reference (second page)

7. Volunteer Activities _____

8. Other Remarks _____

Name of Referee _____

Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

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

GLOSSARY OF TERMS (letter of reference #1)

Moral Character

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

Professionalism

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

Community Standing

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

Commitment to helping alcohol/drug mis-users

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

REACTIVATION FEES

PLEASE ENSURE THAT YOU HAVE ENCLOSED all the required documents and the reactivation fee.

The List of Fees is available on ICBOC's website at <http://icboc.ca/certification/list-of-certifications/list-of-fees/> .

Review of the recertification application will only proceed once all the documents and the fee have been received.

SENDING YOUR RECERTIFICATION APPLICATION

Please send your application with all the documents required, the photocopies de your certificates/transcripts/declarations AND the payment of the reactivation fee, **by regular mail and in the same envelope, to the address below..**

ICBOC accepts payment in the form of a cheque, bank draft, or postal/money order payable to **ICBOC**

Registrar
Indigenous Certification Board of Canada
P.O. Box 3999
Kanesatake, Qc
JON 1E0

OTHER CONTACT INFORMATION

Phone: 450-983-8444

Email: registrar@icboc.ca

Web site: www.icboc.ca