

**INDIGENOUS CERTIFICATION BOARD
OF
CANADA**

**APPLICATION PACKAGE FOR
THE CERTIFICATION OF
INDIGENOUS PEER SUPPORT WORKERS**

2026



Phone 450-983-8444
Email : admin@icboc.ca | registrar@icboc.ca
Website: www.icboc.ca
Mail to : Registrar, ICBOC | P.O. Box 3999, Kanesatake, QC J0N 1E0

**SUMMARY OF STANDARDS AND REQUIREMENTS
CERTIFIED INDIGENOUS PEER SUPPORT WORKER (CIPSW)**

What Makes CIPSW Unique

The Certified Indigenous Peer Support Worker credential is the only certification in Canada that places Indigenous cultural knowledge, lived experience in recovery, and community-based healing at the centre of peer support practice. Unlike other certifying boards, ICBOC recognizes that cultural competency is not supplementary — it is foundational. This certification honours the wisdom of Indigenous traditions and the strength of those who have walked the healing journey.

Peer support skills may be gained through a variety of training providers. What makes the CIPSW distinct is the expectation that these skills are practiced through an Indigenous lens — grounded in cultural identity, traditional healing wisdom, and a deep commitment to the communities we serve.

| | | Hours | | | | | | | | | | | | |
|---|---|---|-----------|------------------------------|---|--------------------------------|---|---|---|----------------------|----|-----------------------|---|--------|
| Education | Completion of Secondary school or other studies at higher level that include courses in the required education/training for this certification. Primary educational pathway for this certification: Accredited Peer Support Worker Program — Recovery Works (irecoveryworks.ca) | 40 hrs | | | | | | | | | | | | |
| Experience | Five hundred hours (6 months) of lived experience in recovery from mental health and/or substance use conditions AND work experience or practice providing peer support services to individuals affected by addictions or mental health issues, accumulated through: <ul style="list-style-type: none"> • Paid work experience in the current position and in remunerated previous occupations providing peer support services • Experience acquired by means of a practicum/internship/placement, undertaken as part of a program of studies • Proven experience as a volunteer providing peer support services (to a maximum of 100 hours) <p>This certification requires applicants to self-identify as persons living in recovery and be willing to publicly identify as such for the purpose of supporting others.</p> | 500 | | | | | | | | | | | | |
| Education or Training <i>70 hours minimum</i> | <table border="1" style="width: 100%;"> <tr> <td style="text-align: left;">Cultural Knowledge and Skills — foundational requirement</td> <td style="text-align: center;">30</td> </tr> <tr> <td>Introduction to Peer Support</td> <td style="text-align: center;">5</td> </tr> <tr> <td>Mastering Communication Skills</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Understanding Recovery and Stages of Change</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Concurrent Disorders</td> <td style="text-align: center;">12</td> </tr> <tr> <td>Boundaries and Ethics</td> <td style="text-align: center;">7</td> </tr> </table> | Cultural Knowledge and Skills — foundational requirement | 30 | Introduction to Peer Support | 5 | Mastering Communication Skills | 8 | Understanding Recovery and Stages of Change | 8 | Concurrent Disorders | 12 | Boundaries and Ethics | 7 | 70 hrs |
| Cultural Knowledge and Skills — foundational requirement | 30 | | | | | | | | | | | | | |
| Introduction to Peer Support | 5 | | | | | | | | | | | | | |
| Mastering Communication Skills | 8 | | | | | | | | | | | | | |
| Understanding Recovery and Stages of Change | 8 | | | | | | | | | | | | | |
| Concurrent Disorders | 12 | | | | | | | | | | | | | |
| Boundaries and Ethics | 7 | | | | | | | | | | | | | |
| Supervisor's Evaluation <i>Minimum Score</i> | <ul style="list-style-type: none"> • Introduction to Peer Support • Communication Skills • Understanding Recovery and Stages of Change • Concurrent Disorders • Knowledge and Skills in Support of Professional Practice • Boundaries and Ethics • Cultural Competencies • Professional Integrity | 70% | | | | | | | | | | | | |
| Practicum | Some hours of training in peer support functions can be counted (must submit Practicum Report) | | | | | | | | | | | | | |

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|---|---------------|
| Cultural Knowledge and Skills | 30 hrs |
| All applicants must complete the following three tasks OR demonstrate equivalent knowledge through the Community-Based Learning pathway. | |
| Task 1: Reflective Video Summary <i>1-page reflective summary</i> | 5 |
| Watch the following three videos and submit a 1-page summary including a description of each, personal reflections, dates viewed, and your full name. 1) Jordan's Principle — cwrp.ca/publications/jordans-principle-video 2) Alanis Obomsawin — "Jordan River Anderson, The Messenger" — onf.ca/film/jordan-river-anderson-le-messenger/ 3) The Sixties Scoop — "Birth of a Family" (NFB) — nfb.ca/film/birth_of_a_family/ | |
| Task 2: Thunderbird Partnership Foundation Training <i>Certificate of completion</i> | 16.25 |
| Complete a minimum 16.25 hours (2.5-day) culturally relevant, trauma-informed training through the Thunderbird Partnership Foundation. Certificate must show your name, training title, and date. Training calendar: thunderbirdpf.org/training-calendar/ | |
| Task 3: "Indigenous Canada" Online Course — University of Alberta / Coursera <i>Certificate of completion</i> | 8.75 |
| Complete all 12 modules covering Indigenous perspectives on treaties, colonization, cultural practices, and intergenerational trauma. Certificate must show your full name and completion date. Register here: coursera.org/learn/indigenous-canada | |
| Additional Recovery and Wellness Topics (not exhaustive) | Recommended |
| Grief work • FASD • Intergenerational trauma • Residential School trauma • Indigenous & Western approaches • Traditional healing • HIV/AIDS • STDs • Trauma-informed care • Neurological aspects of addictions • Nutrition & substance use • Diabetes • Addiction-related health issues • Trauma work • Suicide • Relapse prevention • Specific drugs/substances • Co-occurring disorders • Cultural healing practices • Resilience • Concurrent disorders • Healthy lifestyle/life coaching • Healthy parenting • 2SLGBTQ+ issues • Alternative healing practices | |
| NOTE ON EDUCATION / TRAINING | |
| Hours may be acquired through university/college programs, workshops, seminars, webinars, in-house training, or community-based and experiential learning. All hours must be supported by proof of attendance: transcripts, certificates, or signed declarations on employer letterhead including provider name, training title, hours, dates, and contact information. | |

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strength of those who have walked the healing journey.

Peer support skills may be gained through a variety of training providers. What makes the CIPSW distinct is the expectation that these skills are practiced through an Indigenous lens — grounded in cultural identity, traditional healing wisdom, and a deep commitment to the communities we serve.

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

Before submitting, confirm that your experience, academic qualifications, and education/training meet the Standards and Requirements on the last page of this package.

As the applicant, you are responsible for:

- Completing your sections and gathering all required supporting documents
- Ensuring that your references, supervisor, and employer complete their parts
- Submitting everything — including the applicable certification fee — as a PDF by email to registrar@icboc.ca (preferred), or in one envelope to the ICBOC office

IMPORTANT: *All materials must arrive as one complete package before your file is reviewed. PDF submission by email to registrar@icboc.ca or admin@icboc.ca is preferred. Certification fees can be paid by e-transfer to admin@icboc.ca or by cheque/money order payable to ICBOC. For fee information, contact admin@icboc.ca.*

If your supervisor or referees wish to submit their sections confidentially, they may email their completed forms directly to registrar@icboc.ca with your full name in the subject line (e.g., "Letter of Reference for [Your Name]"), rather than returning them to you. ICBOC will match documents to your file.

Questions? Contact us at 450-983-8444 or admin@icboc.ca.

Please notify ICBOC of any change of address during or after the certification process so we can stay in contact with you.

Application Checklist

Submit all items below as one complete package. Visit www.icboc.ca for additional information.

PART A — Applicant Completes

- Personal Information Form (this package)
- Assurances Form (signed and dated)
- Employment History Form (minimum 5 positions / 5 years)
- Educational Qualifications Form
- Copy of certificates or diplomas from educational institutions (include Recovery Works certificate if applicable)
- Copy of transcripts showing course hours
- Practicum/Internship Report (if applicable)
- Declaration verifying community-based learning (if applicable)
- Verification form for training delivered by external or in-house trainers
- Photocopies of certificates for external/in-house training
- Current comprehensive job description
- Task 1 — Reflective Video Summary (1 page)
- Task 2 — Thunderbird Partnership Foundation certificate of completion
- Task 3 — Indigenous Canada (Coursera) certificate of completion
- Completed and signed Personal Wellness Plan
- Dated and signed ICBOC Code of Ethics
- Consent Form (release of information)
- Certification fee — e-transfer to admin@icboc.ca (preferred), or cheque/money order payable to ICBOC

PART B — Employer / Supervisor Completes

- Employment Verification Form
- Supervisor's Evaluation Form (pages 14–17)
- Employer's Letter of Declaration regarding Criminal Record Checks

PART C — Referee Completes

- Letter of Reference (Professional) — known applicant professionally for at least 1 year; not a relative

Personal Information

Please ensure all contact information is **legible**. An email address greatly speeds up communication.

Full Name (First, Last): _____

Traditional / Indigenous Name (as it will appear on certification):

Current Position/Title: _____

Work Setting: Residential Treatment Community-Based Service

Phone: _____ **Email:** _____

Home Address (Street, City, Province, Postal Code):

Current Employer: _____

Business Phone: _____ **Work Email:** _____

Business Address (Street, City, Province, Postal Code):

First Nation Affiliation / Organization:

Preferred Contact: Home Office

Assurances and Consent

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 ICBOC and take full responsibility for all consequences of seeking certification.

As a Certified Indigenous Peer Support Worker enrolled with ICBOC, I commit to walking this path with integrity — honouring the communities I serve, the Elders and Knowledge Keepers whose teachings guide this work, and the people on their healing journeys who place their trust in me.

I agree to abide by and uphold the policies, procedures, Code of Ethics, and decisions of the Board and its officers, understanding that these standards exist to protect community members and uphold the dignity of Indigenous peer support practice.

I certify that I have walked a path of recovery and wellness for a minimum of one (1) year immediately before making this application, and that I am willing to publicly identify as a person in recovery for the purpose of supporting others.

To the best of my knowledge, the information contained herein is true and correct.

I authorize ICBOC to contact and obtain information from any references, employers, or educational institutions deemed necessary. I waive my right to inspect results of such inquiries, letters of reference, or the record of Board deliberations on this application.

I, _____ of _____, hereby authorize ICBOC to release information pertaining to my certification application to persons it may need to consult for the purpose of certification, except to those named below. This consent will expire on the expiration date of my ICBOC certification.

Persons/organizations to whom ICBOC should NOT release my information (leave blank if none):

ICBOC will not include you in its Registry of certified professionals without this completed consent form.

Signature: _____ **Date:** _____

Print Name: _____

Employment History

List paid positions beginning with your current role, going back at least 5 years. Include practicum/internship and volunteer work where applicable.

| Employer / Organization | Position Title | Supervisor Name | Dates (From / To) | Hours/years |
|-------------------------|----------------|-----------------|-------------------|-------------|
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Use additional sheets if needed. Print or duplicate this page for extra positions.

Applicant Name: _____ **Date:** _____

Employment Verification Form

To be completed by employer or supervisor.

If verification by more than one employer is required, print or duplicate this form for each additional employer. The completed and signed form may be returned to the applicant for inclusion in their package, or emailed directly to registrar@icboc.ca with the applicant's full name in the subject line.

Name of Employing Organization: _____

Address: _____

City: _____ Province/Territory: _____

Postal Code: _____ Telephone: _____

Name of Employer/Supervisor (Print): _____

Title of Employer/Supervisor: _____

Applicant's Position: _____ Employed From/To: _____

Major Duties (briefly describe the applicant's primary responsibilities):

Relevance to Peer Support (how does this role relate to peer support work?):

Additional positions held at this organization (if any):

Job Title: _____ Employed From/To: _____

Brief description of duties: _____

Job Title: _____ Employed From/To: _____

Brief description of duties: _____

Signature of Employer/Supervisor: _____ Date: _____

Applicant Name: _____ Date: _____

Educational Qualifications

Please note provincial differences in the Canadian education system. Specify your academic credentials clearly.

Recovery Works Accredited Program

Graduates of the accredited Peer Support Worker program offered by Recovery Works (40 hours) are exempt from the **non**-cultural training modules. All applicants, including Recovery Works graduates, must still satisfy the 30-hour Cultural Knowledge and Skills requirement through one of the following pathways:

Pathway 1 — Complete the three Cultural Knowledge Tasks: Task 1 (Reflective Video Summary), Task 2 (Thunderbird Partnership Foundation), and Task 3 (Indigenous Canada / Coursera).

Pathway 2 — Demonstrate equivalent cultural knowledge through lived experience, Elder teachings, community practice, or other means, documented through the Community-Based Learning Declaration (see page 9).

I have completed the accredited Peer Support Worker program offered by Recovery Works and am attaching my certificate of completion.

A. Secondary Education

High School Diploma GED Other: _____

B. Post-Secondary Education

Have you pursued post-secondary education? Yes No

1. Name of University / College: _____

Degree Diploma Certificate Other: _____

Name of credential: _____ Year received: _____

2. Name of University / College: _____

Degree Diploma Certificate Other: _____

Name of credential: _____ Year received: _____

3. Name of University / College: _____

Degree Diploma Certificate Other: _____

Name of credential: _____ Year received: _____

If you have education from more than 3 institutions, print or duplicate this page.

Applicant Name: _____ **Date:** _____

Declaration: Community-Based Learning

ICBOC recognizes that Indigenous cultural knowledge is often acquired through lived experience, Elder teachings, ceremony, and community practice rather than formal training. Applicants who can demonstrate equivalent Cultural Knowledge and Skills through the situations below may use this pathway in place of the three Cultural Knowledge Tasks.

| | |
|--------------------|---|
| Situation 1 | Participation in cultural/traditional activities with community members during work hours |
| Situation 2 | Cultural teachings or advice received from an Elder at your workplace during work hours |
| Situation 3 | Training you developed and delivered yourself in-house to colleagues, community members, or community (include session description, objectives, and agenda) |

Submit one form per situation. Do not mix situations on one form. Use the External Training Verification Form for training by outside facilitators.

In Place of Task 1 — Reflective Video Summary (Jordan's Principle, Alanis Obomsawin, Sixties Scoop)

Describe the cultural learning or lived experience that demonstrates equivalent knowledge of Indigenous history, rights, and the impacts of colonization on Indigenous peoples and communities.

What specific knowledge, experience, or learning do you have in this area?

Who can verify this knowledge (Elder, Knowledge Keeper, supervisor, community leader)?

How has this knowledge shaped your approach to peer support work?

In Place of Task 2 — Thunderbird Partnership Foundation Training (16.25 hrs, trauma-informed and culturally relevant)

Describe the cultural training, teachings, or community learning you have received that is trauma-informed, culturally grounded, and relevant to supporting Indigenous people in recovery.

What training, teachings, or community learning have you received in this area?

Who delivered this learning and over what period of time?

How does this learning demonstrate equivalent knowledge to the Thunderbird training requirement?

In Place of Task 3 — Indigenous Canada Course (12 modules: treaties, colonization, cultural practices, intergenerational trauma)

Describe the knowledge, education, or lived experience you have related to Indigenous perspectives on treaties, colonization, cultural practices, and intergenerational trauma.

What knowledge or experience do you have in these areas?

How did you acquire this knowledge (formal education, community learning, lived experience, etc.)?

How does this knowledge demonstrate equivalent learning to the Indigenous Canada course?

| Applicant Name | Situation # | Organization / Qualified Signatory | Date | Hrs |
|--------------------|-------------|------------------------------------|------|-----|
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| | | | | |
| TOTAL HOURS | | | | |

DECLARATION: I, the undersigned, affirm that I am qualified to provide this declaration and have verified the training received by the above-named applicant. The information provided is correct and truthful.

Signature of Qualified Person: _____ **Date:** _____
Name and Title of Qualified Person (Print): _____

Supervisor's Evaluation Form

If the supervisor completing this form has supervised the applicant for less than 6 months, please also request an evaluation from a previous supervisor. The completed form may be returned to the applicant for inclusion in their package, or emailed directly to registrar@icboc.ca with the applicant's full name in the subject line.

Name of Applicant: _____

Length of time you have supervised this applicant: _____

Supervisor's Title: _____

Scoring Key: 1 = Needs More Training/Experience 2 = Adequate 3 = Good 4 = Excellent

| Competency | 1 | 2 | 3 | 4 |
|--|---|---|---|---|
| Introduction to Peer Support | | | | |
| Understanding of the peer support role and principles | | | | |
| Knowledge of mutuality, empowerment, and respect | | | | |
| Ability to differentiate peer support from other helping roles | | | | |
| Understanding of lived experience as foundation for support | | | | |
| Knowledge of peer support scope and boundaries | | | | |
| Communication Skills | | | | |
| Active listening and attending skills | | | | |
| Verbal and non-verbal communication | | | | |
| Building rapport and establishing trust | | | | |
| Managing transference and countertransference | | | | |
| Appropriate use of self-disclosure | | | | |
| Empathy and validation techniques | | | | |
| Effective peer-to-peer communication | | | | |
| Understanding Recovery & Stages of Change | | | | |
| Understanding of the six stages of change | | | | |
| Ability to identify client's current stage | | | | |
| Application of stages in peer support practice | | | | |
| Concurrent Disorders | | | | |
| Knowledge of Depression, Bipolar Disorder, Anxiety Disorder | | | | |
| Understanding of PTSD and ADHD | | | | |
| Knowledge of Personality Disorders | | | | |
| Understanding of comorbidity and integrated treatment | | | | |
| Ability to recognize when to refer to clinical professionals | | | | |
| Boundaries and Ethics | | | | |
| Understanding of professional boundaries | | | | |
| Knowledge of confidentiality requirements | | | | |
| Ability to apply ethical decision-making frameworks | | | | |
| Knowledge of professional codes of ethics | | | | |
| Understanding of cultural considerations in ethics | | | | |

| Cultural Competencies | | | | |
|--|--|--|--|--|
| Understanding colonization's impacts on Indigenous peoples | | | | |
| Knowledge of residential school trauma and intergenerational effects | | | | |
| Understanding of Sixties Scoop and child welfare impacts | | | | |
| Knowledge of Jordan's Principle | | | | |
| Understanding of Indigenous worldviews and healing traditions | | | | |
| Ability to practice cultural safety and cultural humility | | | | |
| Knowledge of local Indigenous protocols and practices | | | | |
| Professional Integrity | | | | |
| Maintains genuine, warm, supportive helping relationships | | | | |
| Demonstrates authenticity and self-awareness | | | | |
| Adheres to code of conduct and ethical policies | | | | |
| Ability to serve as a role model in recovery | | | | |
| Maintains confidentiality of all information | | | | |
| Total: | | | | |

Supervisor's Comments

Please comment on each of the following. Be as specific as possible.

Moral Character — honesty, integrity, and the example set for community members and co-workers:

Professionalism — work habits, adherence to policies, relationships with colleagues and community:

Community Standing — reputation and relationships within the Indigenous community:

Non-Alcohol / Drug Related Activities — involvement in healthy lifestyle activities:

Personal History of Substance Misuse — length of recovery and stability:

Commitment to Helping Others — dedication to peer support and the healing journey of community members:

Name of Supervisor (Print): _____

Organization: _____ **Telephone:** _____

Signature: _____ **Date:** _____



ICBOC does not require criminal record checks as part of the certification process. The responsibility for ensuring that checks are conducted to protect the safety and welfare of clients rests with the employer.

I confirm that criminal record screening requirements for this position are managed by the employing organization in accordance with applicable law.

Signature of Authorized Employer: _____

Date: _____

Print Name and Title: _____

Letter of Reference

This form is for professional reference. The referee must have known the applicant professionally for at least 1 year and must not be a relative. Please do not provide this reference unless you meet these criteria.

Name of Applicant (filled in by applicant): _____

Your relationship to the applicant: Co-worker Supervisor Other non-relative

Length of time you have known the applicant professionally:

Please comment on the following characteristics. A glossary of terms is provided at the end of this form.

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

7. Volunteer Activities

8. Other Remarks

Name of Referee (Print): _____

City: _____

Province / Postal Code: _____/_____

Telephone: _____

Signature: _____

Date: _____

Please return this completed form to the applicant for inclusion in their package or email it directly to registrar@icboc.ca with the applicant's full name in the subject line. Failure to submit this form may delay processing of the application.



Moral Character

Consider honesty, maintenance of healthy peer-to-community relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, community members, 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, community members and colleagues.

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 their involvement in the field as more than a "job."

Personal Wellness Plan — Circle of Life

All Certified Indigenous Peer Support Workers maintain a personal health and wellness plan — a continuous, day-to-day action plan that maximizes your potential in each quadrant of the Circle of Life. Balance in your own life is your own responsibility and reflects your credibility.

"We carry within us the gifts given by the Creator. Through the teachings of our Elders and the wisdom of our communities, we find the strength and vision to walk our purpose and support others on their journey."

My Name: _____ **Date:** _____

Signature: _____

| | |
|--|---|
| <p>East — Spiritual Wellbeing <i>New beginnings, spirit, vision, and connection to Creator</i></p> | <p>My goal: _____</p> <p>Steps: _____ _____ _____</p> |
| <p>South — Emotional Wellbeing <i>Relationships, feelings, trust, and the heart</i></p> | <p>My goal: _____</p> <p>Steps: _____ _____ _____</p> |
| <p>West — Physical Wellbeing <i>Body, health, physical strength, and grounding</i></p> | <p>My goal: _____</p> <p>Steps: _____ _____ _____</p> |
| <p>North — Mental / Cultural Wellbeing <i>Mind, wisdom, knowledge, and cultural identity</i></p> | <p>My goal: _____</p> <p>Steps: _____ _____ _____</p> |
| <p>Centre — Personal Strengths <i>The gifts and strengths I bring to my healing journey</i></p> | <p>My goal: _____</p> <p>Steps: _____ _____ _____</p> |

This Code of Ethics 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, and take personal responsibility for continued growth through education, training, and a developmental wellness plan.
- Be dedicated to the concept that addictions are treatable, and that the primary goal is to maintain recovery and wellness of the community member.
- Show genuine interest in helping and serving persons with addiction issues and be dedicated to wellness, recovery, and holistic healing.
- Honour cultural and traditional teachings that empower community members to choose a healthy lifestyle.
- 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 community member by maintaining an objective professional relationship at all times. Avoid dual relationships.
- Protect the confidentiality of all professionally acquired information. Disclose only when required or allowed by law, or when community members have consented.
- Make a commitment to provide the highest quality of service possible, including utilizing other health professionals and/or services to assist the community member in recovery and wellness when needed.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to refer community members when it is in their best interest.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, and regulations in effect in your place of work.
- Ensure the safety and welfare of clients by respecting all applicable federal and/or provincial laws regarding criminal records checks.

Signature: _____ **Date:** _____

Name (Print): _____