



**INDIGENOUS CERTIFICATION BOARD OF CANADA**

**CERTIFICATION APPLICATION – COMMUNITY-BASED DIABETES WORKERS**

Certification renewal required every 2 years

**NOTE:** This form is for recertification **at the same level**.

- If you are applying for **higher certification**, please use the **Application for a Certification Upgrade**.
- If you obtained a certification through a **Certification Equivalence**, you will need to complete the **Recertification Application for Certification via ICBOC’s Equivalence Process (contact us and ask for this form)**

<b>Applicant’s Full Name</b>			
<b>Current Position</b>			
<b>Home Address</b>			
<b>Home Phone</b>		<b>Cell</b>	
<b>Email</b>			
<b>Current Certification Level</b>			
<b>Certificate No.</b>		<b>Expiration Date</b>	
<b>Current Employer</b>			
<b>Business Address</b>			
<b>Work phone</b>		<b>Work Email</b>	

**EDUCATION/TRAINING**

Please complete Forms 2 and 3 included in this application. Please read the instructions carefully to ensure the forms are completed as required, as incomplete forms will be resent, causing delay in the processing of your application. In total, these two forms should document a minimum of **30 hours** that:

- Have been completed in the past 24 months since the issue of your last certificate
- Are on topics reflecting the education/training required for your specific certification and level.
- If ICBOC asked you, in a previous certification letter, to complete some further training to maintain your certification, please ensure you have completed this training or the issue your renewed certification will be delayed until this is done.

**RECERTIFICATION FEE**

**PLEASE ENSURE THAT YOU HAVE ENCLOSED** all the required documents and the recertification fee that corresponds to your renewed certification and level. The List of Fees is available on ICBOC’s website at <http://icboc.ca/certification/icboc-certifications/diabetes-certifications/diabetes-fees>. Review of the recertification application will only proceed once all the documents and the fee have been received.

- If your recertification application is late or incomplete 30 days from the date of your certificate expiry, please add a late fee of \$25.00.
- If your recertification application has lapsed or is still incomplete 6 months or more from the date of your certificate expiry, please add a file reactivation fee of \$50.00.

**SENDING YOUR RECERTIFICATION APPLICATION**

Please send this renewal application containing the 3 forms duly completed, the photocopies of your certificates/transcripts/declaration of training and your recertification fee payment **by regular mail and in a single envelope at 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  
 #207-2735 East Hastings Street Vancouver, BC, V5K 1Z8

**RECERTIFICATION 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 # \_\_\_\_\_  
 Day                      Month                      Year

**Situation 3 requirements regarding alternative training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community**

**Situation 3 Requirements:** You need to complete this form for each training session you conducted, in order to support the hours you spent carrying out this activity.

<b>Title of the training</b>		<b>Date</b>	
<b>Training Session Summary Description</b>			
<b>Learning Objectives</b>			
<b>Content (List the topics that you covered)</b>			
<b>Number of declared class hours</b>		<b>Number of attendees</b>	
<b>Check list of documents you need to submit for this activity to be accepted</b>			
	<b>Agenda/schedule (with timing)</b> <b>List of materials handed out</b> <b>Copy of the evaluation you provided to participants</b>		