

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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**CERTIFICATION APPLICATION PACKAGE**

**CERTIFIED INDIGENOUS ADDICTIONS SPECIALISTS**

**Problem Gambling Specialization**

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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

We trust you consulted the **Summary of Standards and Requirements for Certified Indigenous Addictions Specialists with a specialization in Responsible Gambling (CIAS IV-RG)** attached to this application before applying for this certification, and that you verified that your experience, academic qualifications, and education/training meet these certification standards and requirements.

If you have done so and can vouch that you satisfy these standards and requirements, congratulations! You are ready to achieve your goal to become a **Certified Indigenous Addictions Specialist at level IV with a specialization in Responsible Gambling (CIAS IV-RG)**.

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.

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 [admin@icboc.ca](mailto:admin@icboc.ca) or [registrar@icboc.ca](mailto: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 19. Please visit our website for other information and documents related to this certification ([www.icboc.ca](http://www.icboc.ca)).

<input type="checkbox"/>	Personal Information Form
<input type="checkbox"/>	Assurances Form
<input type="checkbox"/>	Employment History Form
<input type="checkbox"/>	Verification of Work Experience Form – Employment and/or Volunteering
<input type="checkbox"/>	Educational Qualifications Form (only if you have gained new qualifications since your level III certification)
<input type="checkbox"/>	Copy of Transcripts/College or University Certificates (if not already submitted with level III certification)
<input type="checkbox"/>	Copy of all your Training Certificates
<input type="checkbox"/>	Declaration concerning verification of training
<input type="checkbox"/>	Copy of your Research or your position paper <b>OR</b>
<input type="checkbox"/>	Copy of your workshop or your Training Course
<input type="checkbox"/>	Copy of the required participants' evaluation if the document is a workshop or a course
<input type="checkbox"/>	Letter of Declaration regarding genuine authorship
<input type="checkbox"/>	Copy of your case study/intervention narrative
<input type="checkbox"/>	Supervisor's Evaluation Form
<input type="checkbox"/>	Supervisor's Reference
<input type="checkbox"/>	Personal Reference
<input type="checkbox"/>	Witness Letter of Reference – Workshop or course
<input type="checkbox"/>	Employer's letter of Declaration regarding Applicants' criminal record Checks
<input type="checkbox"/>	Current comprehensive Job Description
<input type="checkbox"/>	Completed and signed Personal Wellness Plan
<input type="checkbox"/>	Dated and signed ICBOC Code of Ethics
<input type="checkbox"/>	Cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC <a href="https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/">https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/</a>

All of the required forms and documents must be received by ICBOC as **one complete package**.  
**Photocopies of certificates are accepted. Please keep the originals in your personal files.**

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

## 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

ALSO KNOWN AS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
Street

Town/city \_\_\_\_\_ Province Postal code

HOME PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
Street

Town/city \_\_\_\_\_ Province Postal code

BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

CURRENT POSITION \_\_\_\_\_

I am already certified with ICBOC as an Indigenous Specialist at level III	Yes	No	
Certificate No. _____	Expiry date of your ICBOC last certification _____		
This is my first certification application with ICBOC and I am submitting the application for level III in addition to this application *	Yes	No	
I am an ICBOC-registered trainer offering training on problem gambling	Yes	No	
I am Instructor in an academic institution on gambling addiction	Yes	No	
<b>If so, please indicate on page 7</b>			

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 any and all consequences of the process of seeking certification.

As a certified Indigenous addictions specialist 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

Please list full-time, paid positions, beginning with your current position and going back consecutively for at least **five positions and/or five years**.

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

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

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

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

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

APPLICANT'S NAME \_\_\_\_\_

DATE \_\_\_\_\_

**VERIFICATION OF WORK EXPERIENCE – EMPLOYMENT AND/OR VOLUNTEERING**

**Dear Applicant:** Photocopy this form to give to your employer so he/she can complete it. If you have done some volunteer work **with clients affected with a gambling addiction**, give it also to the person or persons who supervised you as a volunteer.

**Dear employer/supervisor of permanent employee or volunteer**

You are requested to verify the work experience of the applicant whose name appears at the top of this page and who is applying for certification from the Indigenous Certification Board of Canada as a Certified Indigenous Specialist with a specialization in Responsible Gambling (CIAS-RG).

Applicants for this certification must have employment utilizing knowledge and skills in gambling addiction. Please return the completed and signed form to the applicant. If you prefer, you can return it in a sealed envelope. The applicant needs to submit this form with the rest of his/her application so it can be processed without delay.

**This applicant must have completed a minimum of 350 hours (equivalent to 10 weeks) of direct work with clients with a gambling addiction and their families (either as part of an applicant’s current work responsibilities or through volunteer work)**

Please indicate whether this applicant has completed **350 hours of direct work** with clients affected with a gambling addiction and their families in the context of his/her current work responsibilities or through volunteer work (*please check appropriate box*)

**Current employment**       **Volunteer work**       **Number of hours as a volunteer** \_\_\_\_\_

Name of organization \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal code \_\_\_\_\_

Name of Employer/Supervisor (print) \_\_\_\_\_

Applicant Job/volunteer title \_\_\_\_\_

Employed/volunteered from \_\_\_\_\_ To \_\_\_\_\_  
month/day/year month/day/year

Major Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of 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 credentials.

**Note: If you are already certified as an Indigenous specialist at level III, fill this form only if you have acquired new qualifications since you obtained your level III certification.**

### 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 concerning the verification of 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. Please use this form to document the hours of training acquired in the alternative ways listed below, ensuring it is completed as required by a person qualified to sign it (employer, Elder, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). Use **ONE** form per situation and signatory- Do not document multiple situational learnings on one form.

### Acceptable situations:

- **Participation in cultural, traditional activities, ceremonies in the context of your healing work with clients.**  
A maximum of 26 hours spent in such activities will be accepted. In the case of your certification renewal, this could represent over half of the 40 hours required.
- **Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.**
- **Training you have yourself delivered 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.

Please ensure that the person who must complete and sign this form uses his/her own form to document the hours he/she vouches you completed. Each form should bear the name and signature of the qualified person who can vouch for the hours you accumulated in **one of the acceptable training situation** listed. Forms documenting hours acquired in more than one acceptable format or not completed and signed by the qualified person will not be considered.

Date of this declaration		Applicant's name	
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	
<b>List of Training provided in-house and attended by this applicant</b>			
<b>Date of training</b>	<b>Title of the training session</b>		<b>Hours</b>
<p><b>Note:</b> If you need more space to list the training that the applicant has attended/completed, please photocopy this page. Please ensure that this section of the declaration is completed.</p>			
<b>DECLARATION</b>			
<p>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.</p>			
<p>Signature of qualified person _____</p>			
<p>Date _____</p> <p style="text-align: center;">Year                      Month                      Day</p>			

## Applicant's Declaration of Authorship

Applicants are required to submit **two** documents to support their expertise in the specialization subject. This can be a research paper **or** a position paper **or** a workshop **or** a course, **as well as** a case study/intervention narrative.

ICBOC expect personal and professional integrity. Applicant must provide assurances, through this Declaration of Authorship that the research and authorship of the entire documents submitted to ICBOC are genuine and contains no plagiarism. ICBOC defines plagiarism as passing off the work of others as one's own.

### DECLARATION OF AUTHORSHIP

Name of applicant \_\_\_\_\_

This Declaration of Authorship covers the following documents (*please check appropriate boxes*)

Research paper     Position paper     Workshop     Course

Case Study / Intervention narrative

Title of document one \_\_\_\_\_

Title of document two \_\_\_\_\_

I, \_\_\_\_\_ certify that the above titled document is all my own work and contains no plagiarism. I agree to the following requirements:

Any text, diagram or other material copied from other sources, (including, but not limited to, material such as books, journals, scholarly articles, manuals, guides whether published in printed form or posted on the internet) have been clearly acknowledged and referenced as such in the text by the use of "quotation marks" (or in *italics for longer quotations*), followed by the author's name and date documented either in the text or in a footnote/endnote. These details must then be confirmed by a fuller reference in the form of a bibliography.

I understand that only documents which are my genuine work, and which are free of plagiarism will be accepted, that failure to do so will result in the cancellation of the entire application.

Signature of applicant \_\_\_\_\_

## Supervisor’s Evaluation Form (page 12 to 15)

**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 complete the evaluation**.

**NAME OF APPLICANT** \_\_\_\_\_

**Dear employer/supervisor:**

You are requested to verify the knowledge and skills of the applicant whose name appears above and who is applying for certification as a **Certified Indigenous Addictions Specialist at Level IV – Specialization in Responsible Gambling** from the Indigenous Certification Board of Canada. **Please return the completed and signed form to the applicant, or, 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: \_\_\_\_\_ **(must be at least six months)**

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

**Counselling:**  %    **Case management:**  %

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

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

Core knowledge of Gambling Addiction				
Education/training Specific to Responsible Gambling (Indigenous focus)				
Introduction to Gambling Addiction	1	2	3	4
Capacity to define Problem Gambling				
Knowledge of the theories of problem gambling				
Knowledge of gambling types (e.g., Pathways model, Action/Escape gambling).				
Knowledge of the role of trauma in disordered gambling.				
Knowledge of Effects of problem gambling on individuals and families				
Knowledge of Signs and Symptoms of gambling addiction				
Knowledge of gambling behaviours				
Theories of gambling behaviour				
Definition of Gambling Addiction				
<b>Scores</b>				
<b>Total Scores</b>				

<b>Education/training Specific to Responsible Gambling (Indigenous focus)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Demonstrates empathy and understanding of gambling problems				
Knowledge of the stages of change theory				
Ability to facilitate and structure an intervention process tailored to stages of change				
Ability to use motivational interviewing to encourage readiness for change				
Ability to accept ambivalence				
Knowledge of the association between behaviourism learning theory and gambling behaviour				
Ability to identify to identify change and progress and to encourage realistic hope and expectations of change				
Knowledge of and ability to use trauma informed care in problem gambling interventions				
Ability to use a variety of strategies/techniques to address problem gambling				
<ul style="list-style-type: none"> <li>• Psychodynamic Psychotherapy</li> <li>• Cognitive strategies (ex. Increase active awareness of gambling urges)</li> <li>• Mindfulness and centering techniques (ex. Teach relaxation techniques to clients)</li> <li>• Behavioural strategies (ex. Help clients to identify gambling triggers)</li> <li>• Emotion-focused strategies (ex. Facilitate clients' emotion regulation)</li> <li>• Value strategies (ex. Encouraging clients to take actions consistent with their core values)</li> <li>• Gambler's Anonymous</li> <li>• Financial accountability strategies (ex. Facilitate disclosure of debt to family)</li> <li>• Family Therapy</li> <li>• Harm Reduction approach</li> </ul>				
Advanced knowledge of cognitive behavioural therapies				
Knowledge of culturally appropriate screening and assessment tools				
Knowledge of the Social learning theory and its relevance as a culturally pertinent strategy for addressing problem gambling and other addictions				
Ability to assess clients for problem gambling on a regular basis				
Ability to identify and evaluate medical and pharmaceutical contributors of problem gambling				
Knowledge of genetic and biological factors in problem gambling				
Understands generational gambling, trans-generational learning about gambling, and normalisation of youth gambling				
Ability to evaluate the benefits or positive impact of gambling as felt by a client with a gambling problem				
Understands the parallels between substance misuse and treatment for Indigenous clients and communities and programs seeking to address problem gambling				
Actively include clients as well as their family in problem gambling treatment planning				
Ability to base treatment plan on the stages of change				
Ability to assist clients set goals based on their envisioning opportunities for change and recovery				
Ability to connect treatment goals to problem gambling				
Ability to establish short term, measurable and realistic objectives for clients' treatment plans				
Able to establish treatment plans reflecting the needs of individuals with problem gambling in their lifespan stage				
<b>Scores</b>				
<b>Total Scores</b>				

<b>Education/training Specific to Responsible Gambling (Indigenous focus)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to identify the influence of problem gambling on individuals and their relationships				
Ability to identify problematic dynamics with a problem gambler's family and social context				
Understands the impact of problem gambling on individuals from different social conditions and identities (race, class, gender, sexual orientation, age, abilities)				
Ability to identify the areas affected by problem gambling (ie. social, familial, professional, community and health status)				
Ability to manage the continuum of care of clients with problem gambling				
Demonstrates professional case management skills				
Ability to explore clients' attitudes, barriers, and triggers to accessing services				
Ability to identify appropriate service and resource needs for indigenous communities				
Ability to explore the current level of understanding of available programs and services in regard to culturally appropriate approaches to problem gambling				
Ability to promote a holistic approach to problem gambling service delivery				
Ability to highlight best practice delivery of services to Indigenous communities				
Knowledge of problem gambling prevention models				
Ability to advocate for the reduction of stigma attached to problem gambling within communities				
Ability to ensure space is made in counselling to value experience and expression of all individuals				
Ability to identify patterns of interaction related to problem gambling				
Ability to assist families to identify protective or enabling behaviour				
Knowledge of the importance of family, social networks and community systems in the treatment and recovery process				
<b>Cultural approaches</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Knowledge of Indigenous gambling awareness and community-led prevention projects and programs				
Knowledge of the Thunderbird Partnership Foundation Indigenous Mental Wellness Continuum (FNMWC)				
Knowledge of environmental & sociocultural aspects of concurrent disorders as they relate to Indigenous peoples				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to support and assist client participation in traditional and cultural aspects of spiritual recovery.				
Understands the concept of health and wellbeing from an Aboriginal holistic perspective				
<b>Professional Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to protect client rights to privacy and confidentiality				
Ability to maintain a warm, compassionate, healthy and balanced relationship with clients				
Understands the legal and ethical issues related to problem gambling				
Ability to recognize own professional limits and to seek advice and support to maintain own wellness				
Is committed to continuing professional education on problem gambling				
Demonstrates genuine and authentic interest and commitment in supporting clients with problem gambling in their recovery process and ability to help themselves				
<b>Scores</b>				
<b>Total Scores</b>				

**SUPERVISOR's ENDORSEMENT**

Moral Character \_\_\_\_\_  
\_\_\_\_\_

Professionalism \_\_\_\_\_  
\_\_\_\_\_

Community Standing \_\_\_\_\_  
\_\_\_\_\_

Personal history of alcohol or other substance misuse \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Supervisor (please print): \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City

Province Postal code TELEPHONE ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Employers<sup>1</sup> Letter of Declaration Regarding Applicants 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 ICBOC Policy on Criminal Record Checks, please consult our **Certification Standards and Procedures Manual** at [www.ICBOC.ca](http://www.ICBOC.ca)).

**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: \_\_\_\_\_

<sup>1</sup> 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



## Witness - Letter of reference

Name of applicant \_\_\_\_\_

The above-named individual has applied for certification as a **Certified Indigenous Addictions Specialist at level IV with a specialization in Responsible Gambling (RG)** with the Indigenous Certification Board of Canada.

As part of this certification application, the above-named applicant must research, develop, and deliver a one-day (7 hours) workshop or a course to a live audience (minimum of 8 participants), supported by a reference letter from the person who arranged for the workshop or the course to be delivered and attended it (supervisor, conference organizer, school principal etc...).

**By completing the form below, you will provide the reference needed by this applicant.**

Your name \_\_\_\_\_

Professional title \_\_\_\_\_

Length of time you have known the applicant: \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

You attended and are providing feedback on: *(please check the appropriate box)*

The workshop the applicant has delivered

The course the applicant has delivered

1. How many participants in total attended the workshop/course?

Please rate the following (check the box corresponding to your answer) 1= poor 2= adequate 3= good and 4= excellent	1	2	3	4
Clarity of the structure and content				
Relevance of the content in terms of the participants professional needs				
Matching between content and stated learning objectives				
Number and variety of interactive activities				
Quality of material resources provided to the participants				
Overall quality of the candidate's performance				

Any other comments you wish to share about this training or the candidate

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ICBOC Code of Ethics

This “Code of Ethics” that we choose to live by is built on the cultural integrity of traditional First Nations’ healing philosophy. Please sign and date it, and submit it with your application

- Abstain from substance misuse and process addictions during our tenure as Certified Indigenous addictions professionals.
- Strive to incorporate the spiritual teachings of our ancestors into our daily lives. Take personal responsibility for continued growth through education, training, and a developmental wellness plan.
- Be dedicated to the concept that addictions are treatable, and the primary goal is to maintain recovery and wellness of the client.
- Show a genuine interest in helping and serving persons with addictions issues and be dedicated to the concept of wellness, recovery, and holistic healing.
- Honour cultural and traditional teachings that empower clients to choose a healthy lifestyle.
- Recognize the therapeutic value of humour.
- Accept and show respect for the diversity of all peoples and honour their race, colour, creed, age, sexual orientation, cultural/spiritual practices, and views.
- Respect the client by maintaining an objective professional relationship at all times. Avoid dual relationships at all times.
- Protect the confidentiality of all professionally acquired information. Disclosure of such information is done only when required or allowed by law to do so, or when clients have consented to disclosure. This includes all records, materials, and communications.
- Make a commitment to provide the highest quality of service possible. This is evidenced by continued professional interaction with the client and, where necessary, the utilization of other health professionals and/or services to assist and guide the client in her/his recovery and wellness.
- Assess personal and vocational strengths, limitations, biases, and effectiveness and be willing to recognize when it is in the client’s best interest to refer or release them to other individuals and/or support programs.
- Be respectful of, work within, and strive to improve institutional policies and management functions.
- Respect all policies, codes of ethics, code of conduct, and any other clause, regulation, stipulation in effect in your place of work and that you are responsible to apply in your personal and/or professional life
- Insure the safety and welfare of clients by respecting all applicable federal and/or provincial laws of Canada regarding criminal records checks.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Name (Please print)

## 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.

Registrar, ICBOC  
P.O. Box 3999  
Kanesatake, Qc  
J0N 1E0

**Telephone:** 450-983-8444

**Email:** [registrar@ICBOC.ca](mailto:registrar@ICBOC.ca)

**Website:** [www.ICBOC.ca](http://www.ICBOC.ca)

<b>SUMMARY OF STANDARDS AND REQUIREMENTS</b>	
<b>CERTIFIED INDIGENOUS SPECIALIST (mental health, wellness or addictions) Level IV</b>	
<b>Responsible Gambling Specialization (CIAS IV-RG)</b>	
<b>Work experience</b>	
<ul style="list-style-type: none"> <li>This Certification is available to applicants who can demonstrate recent remunerated work experience in treating clients with problematic gambling issues within a residential or community-based setting for at least <b>six months (1000 hours) PLUS</b> at least <b>3 years (6000 hours) of previous experience</b> in the wellness/addictions field.</li> <li>It is also available to applicants who is already certified with ICBOC as Indigenous Certified Addictions Specialists at level III (ICAS III), or Certified Indigenous Addictions Prevention Specialists at level III (CIAPS III), provided they demonstrate at least <b>350 hours (equivalent to 10 weeks) of direct services to clients with gambling problems</b> (either as part of their current work responsibilities or through verified volunteer work or both).</li> </ul>	
<b>Level of education</b>	Level III accepted, or a combination of academic qualifications, experience and training
<b>Education/training Specific to Responsible Gambling (Focus on Indigenous perspectives)</b>	<b>160 hours min.</b>
Knowledge of Problem Gambling	20
Social, political economic and cultural context for problem gambling in the Indigenous population	20
Psychoeducation	20
Therapeutic strategies	20
Problem Gambling Assessment	20
Problem Gambling Treatment	20
Problem Gambling Case Management	20
Ethical Perspectives related to Problem Gambling	20
<b>Education/training related to responsible gambling or other dependencies</b> (one or a combination of the topics below - this list is not exhaustive or in order of priority)	<b>60 hours. min.</b>
Gambling and other disorders	New trends in gambling
Youth and gambling	Cultural approaches to problem gambling prevention and treatment
Women and gambling	Historical aspects of Indigenous gambling
Seniors and gambling	Gambling and violence
Youth and gambling	Bingo and other social gaming
Internet gambling	Any topics related to addictions or wellness
Remote and self help interventions	Pharmacological treatments
Brain stimulation approach	Emerging treatment modalities
<b>Special counselling techniques and approaches</b>	<b>30 hrs. min.</b>
Motivational interviewing (6 hours minimum) Any other counselling technique & approach relevant to responsible/problem gambling	
<b>Demonstrated expertise</b> (applicant must submit two documents)	
<ul style="list-style-type: none"> <li>A research <b>OR</b> position paper (2000 to 3000 words) <b>OR</b> one-day workshop/course <b>AND</b></li> <li>A case study/intervention narrative (1000 to 2000 words), drawn from first-hand experience</li> </ul>	
<b>Evaluation of competencies related to Responsible Gambling</b>	<b>Supervisor's score</b>
<ul style="list-style-type: none"> <li>Communication</li> <li>Gambling, Addictions and Mental Health</li> <li>Prevention Strategies</li> <li>Trauma-informed Counselling</li> <li>Crisis intervention</li> <li>Teamwork</li> <li>Self-care</li> </ul>	70% minimum
<ul style="list-style-type: none"> <li>Cultural approaches</li> <li>Professional integrity</li> </ul>	70% minimum
<b>Recertification Requirements</b>	
Every two years 40 hours of new training related to Responsible Gambling (10 hours of specialization-specific education + 20 hours of specialization-related related education)	