

**INDIGENOUS  
CERTIFICATION BOARD  
OF CANADA**



---

**CERTIFICATION APPLICATION PACKAGE**

**CERTIFIED INDIGENOUS ADDICTIONS SPECIALIST**

**Specialized in Fetal Alcohol Syndrome Disorder (FASD)**

---

## CONTENT OF THIS APPLICATION PACKAGE

<b>FORMS</b>	<b>PAGE</b>
Instructions for completing this Application Package	<b>3</b>
Check List	<b>4</b>
Personal Information	<b>5</b>
Assurances Form	<b>6</b>
Employment History	<b>7</b>
Verification of Work Experience – Employment and Volunteering	<b>8</b>
Educational Qualifications	<b>9</b>
Declaration Concerning the Verification of Training	<b>10</b>
Applicant’s Declaration of Authorship	<b>11</b>
Supervisor’s Evaluation Form (pages 12 to 14)	<b>12</b>
Supervisor’s Endorsement	<b>15</b>
Employer’s letter of Declaration regarding Applicants’ Criminal Record Checks	<b>16</b>
Witness - Letter of Reference	<b>17</b>
ICBOC’s Code of Ethics to date and sign	<b>18</b>
To Submit your Application	<b>19</b>
Summary of Standards and Requirements – CIAS IV – FASD	<b>20</b>

## Instructions for completing this Application Package

We trust you consulted the Summary of Standards and Requirements for **Certified Indigenous Addictions Specialists at level IV with a specialization in Fetal Alcohol Syndrome Disorder (FASD) 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 Specialists at level IV with a specialization in Fetal Alcohol Syndrome Disorder (FASD)**.

Now that you have downloaded this 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, and
3. sending the entire package, including the application fee to the ICBOC office\*. There is a checklist page 4 to help you. All 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.

*The Board and Staff of ICBOC*

## 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 OR
<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"/>	\$250.00 cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC

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 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 Addictions 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

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 with Fetal Alcohol Syndrome Disorder (FASD)**, 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 employment or volunteer work of the applicant whose name appears at the top of this page, who is applying for Certified Indigenous Addictions Specialists at level IV with a specialization in (FASD).

Applicants for this certification must have employment utilizing knowledge and skills in Fetal Alcohol Syndrome Disorder (FASD). 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 Fetal Alcohol Syndrome Disorder (FASD) 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 with concurrent disorders (COD) 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 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Province/Territory \_\_\_\_\_ Postal Code \_\_\_\_\_

Name of Employer/Supervisor \_\_\_\_\_

Applicant Job/volunteer Title \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_



## Educational Qualifications

Fill this form only if you have acquired new qualifications since you obtained your level III certification.

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 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)

- **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.
- **In-house training provided by your employer.**
- **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.

<b>Date of this declaration</b>		<b>Name of applicant</b>	
<b>Name of the employing organization/agency</b>			
<b>Name of the person qualified to sign this declaration</b>			
<b>Job Title of the person signing this declaration</b>			
<b>Telephone</b>		<b>Email</b>	
<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>	
<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.			
<b>DECLARATION</b>			
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.			
Signature of qualified person _____			
Date _____			
Year	Month	Day	

## Applicant's Declaration of Authorship

Applicants are required to submit **two** documents to support their expertise in the specialization subject (Fetal Alcohol Syndrome Disorder). 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 14)

**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 Fetal Alcohol Syndrome Disorder** 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: \_\_\_\_\_

Please place a cross (x) in the box that most accurately reflects the applicant's knowledge or skill for each of the statements **Scoring key: 1=Need more training /experience 2=Adequate 3=Good 4=Excellent**

Education/training specific to FASD (Indigenous focus)	1	2	3	4
Knowledge of the epidemiological aspects of FASDs in Indigenous communities				
Knowledge of the specific effect of alcohol and drug addiction on the embryo and the fetus				
Knowledge of the effect of FASD through the lifespan				
Ability to demonstrate a nuanced understanding of the relationship between substance use/mental health issues and FASD				
Understands the value of interdisciplinary FASD diagnostic process				
Ability to identify FASD indicators and root causes of maladaptive behaviors in a client				
Knowledge of the distinction between screening, assessment, and diagnosis of FASD				
Ability to distinguish between a person formally diagnosed with FAS/pFAS/ARND and the general signs of an FASD in an individual				
Ability to use appropriate approach to observation and interviewing in addressing FASD in substance abuse/mental health treatment settings				
Understand the relationship between FASD-informed care and treatment effectiveness				
Ability to administer FASD screening in an appropriate manner				
Understand that clients have a central role in creating and shaping their treatment goals				
Recognizes that substance use/mental health issues and FASD can be both interrelated and independent				
Understands that resolving one set of concerns may not lead to resolution of the other set of concerns without specialized treatment				
Knowledge of psycho-social-cultural aspects of FASD on Indigenous populations				
Knowledge of community resources (particularly substance abuse/mental health, primary care, FASD service providers, school contacts when applicable, family/caregiver etc....)				
Understands that FASD prevention and intervention constitute valid and important experiences for clients and require specialized attention.				
Ability to offer basic client education session on the relationship between substance abuse/mental health issues and FASD.				
Understand that addressing FASD is an interdisciplinary process best accomplished through a team approach				
<b>Scores</b>				
<b>Total Scores</b>				

<b>Education/training in competencies related to FASD</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Understand that people with FASD have trouble understanding abstract concepts, double meanings, idioms, slang, metaphors and other figurative speech				
Ability to use appropriate communication skills and strategies (see below)				
<ul style="list-style-type: none"> <li>• Checks often for client understanding</li> </ul>				
<ul style="list-style-type: none"> <li>• Uses visual cues</li> </ul>				
<ul style="list-style-type: none"> <li>• Reviews written material</li> </ul>				
<ul style="list-style-type: none"> <li>• Repeats information</li> </ul>				
<ul style="list-style-type: none"> <li>• Uses simple terms and concrete language</li> </ul>				
<ul style="list-style-type: none"> <li>• Present ideas or instructions one at a time</li> </ul>				
Ability to understand and deal with the cognitive Impairments that lead to inappropriate behaviors in FASD clients				
Ability to help parents and other family members practice communication skills, such as active listening and using literal language				
Demonstrates empathic listening skills and reflection				
Understands that early identification of children with FASD can reduce secondary disabilities and improve outcomes for future success				
Promotes a shift toward screening and assessment tools that focus on client strengths and cultural identity				
Recognizes the importance of cultural awareness and safety in early identification and intervention services				
Has knowledge of culturally safe screening and diagnosis tools adapted to the needs of indigenous clients with FASD				
Ability to connect family and friends with support groups or other community resources				
Ability to implement culturally safe placement criteria to address gaps in clients' cultural-supports requirements				
Ability to conduct basic client education sessions with all female clients of childbearing age (whether pregnant or not) on the relationship between alcohol use during pregnancy and the risk of an FASD				
Ability to educate family and friends about FASD to help them understand the client's behaviors and adjust the home environment accordingly				
Educates workers both mainstream and indigenous individuals and organizations on culturally appropriate assessment and brief intervention tools for clients with FASD				
Knowledge of FASD prevalence in special Indigenous populations				
<ul style="list-style-type: none"> <li>• Children in care (welfare system, foster care, and orphanages)</li> </ul>				
<ul style="list-style-type: none"> <li>• Justice populations (incarcerated youth and adult men)</li> </ul>				
<ul style="list-style-type: none"> <li>• Communities (over representation)</li> </ul>				
<ul style="list-style-type: none"> <li>• Women (young women, pregnant women, incarcerated women, sex workers)</li> </ul>				
<ul style="list-style-type: none"> <li>• Other vulnerable groups (LGBTQ, elders, homeless, disabled, people with mental health/concurrent disorders issues)</li> </ul>				
Knowledge and application of the life course theory approach for FASD prevention				
Familiarity with Indigenous FASD community prevention initiatives and activities				
<b>Scores</b>				
<b>Total Scores</b>				

<b>Education/training in competencies related to FASD</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to build and develop relationships based on trust with parents, family members, caregivers and other professionals and agencies involved in FASD				
Ability to promote a common understanding among parents, professionals and services providers of FASD and other members of the community				
Understands the dynamics of FASD service delivery system at community, regional and provincial level				
Ability to work towards eliminating barriers within these systems				
Skills in advocacy and facilitation with multiple stakeholders				
Ability to use sensitive, creative ways to approach families who might be suffering from FASD or from the stigmatisation and shame that surrounds this condition				
Ability to mentor families to facilitate an increase in their knowledge, skills, and confidence to become their own best advocate				
Ability to integrate FASD-informed care in FASD interventions				
Organize meetings and collaborate with Elders and key community members to discuss best approaches to services for clients with FASD and their families				
Ability to raise awareness of the risks of drinking in pregnancy, and alternatives to alcohol use during pregnancy with and ask girls and women of childbearing years				
Ability to encourage discussion of ways of coping without alcohol, prenatal supports available, and pregnancy planning.				
Ability to provide a range of options and resources for having healthy pregnancies and enhancing women's informed decision making				
Ability to provide respectful and holistic care and treatment for girls and women who are using alcohol during pregnancy				
<b>Cultural approaches</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Recognition of the social, economic, and political realities of Aboriginal peoples in society				
Ability to adapt approach to a diversity of Indigenous families, including differences in their social, economic, and cultural contexts				
Understanding the concept of health and wellbeing from an Aboriginal holistic perspective				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among Indigenous families and communities affected with FASD				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate Indigenous culture, beliefs, values and traditions in treatment of FASD				
Supports FASD clients' participation in traditional and cultural aspects of recovery				
<b>Professional Integrity</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Ability to take care of oneself				
Accepts that there is not one "right" approach to addressing FASD and is able to recognize his/her professional limits				
Ability to maintain a warm, compassionate, healthy, and balanced relationship with clients				
Understands the legal and ethical issues related to working with clients with FASD				
Ability to be a role model with staff, clients, and peers (Code of ethics)				
Effectiveness in maintaining confidentiality of all records, materials and communications concerning the client				
<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 with a specialization in FASD 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relevance of the content in terms of the participants professional needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Matching between content and stated learning objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number and variety of interactive activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of material resources provided to the participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of the candidate's performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 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
- 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

To submit your application and/or if you have questions or need more information, please contact:

Registrar, ICBOC

P.O. Box 3999

Kanesatake, Qc

J0N 1E0

**Telephone: 450-983-8444**

**Email:** registrar@ICBOC.ca

**Website:** www.ICBOC.ca

<b>SUMMARY OF STANDARDS AND REQUIREMENTS</b>	
<b>CERTIFIED INDIGENOUS SPECIALISTS (mental health, wellness or addictions) Level IV</b>	
<b>FASD Specialization (CIAS IV-FASD)</b>	
<b>Work experience</b>	
<ul style="list-style-type: none"> <li>This Certification is available to applicants who can demonstrate <b>recent remunerated work experience in treating clients presenting Fetal Alcohol Syndrome Disorder</b>, within a residential or community-based setting <b>for at least six months (1000 hours) PLUS</b> demonstrate at least <b>3 years (6000 hours) of previous experience in the wellness/addictions field</b>.</li> <li>It is also available to applicants who are 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 <b>at least 350 hours</b> (equivalent to 10 weeks) <b>of direct services to clients with FASD</b> and their family (either as part of an applicant’s 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 FASD (focus on Indigenous perspectives)</b>	<b>160 hours min</b>
Epidemiological and psycho-social-cultural aspects of FASDs (Indigenous focus)	20
FASD diagnostic methods and criteria	20
Biological effects of alcohol on the embryo and the fetus	20
FASD concerns across the life span	20
Addressing FASD in Treatment	20
FASD prevention and outreach	20
Continuing care of families affected by FASD	20
Ethical, legal, and policy issues related to FASD (Aboriginal focus)	20
<b>Education/training related to FASD (one or a combination of the topics below - list is not exhaustive)</b>	<b>60 hours min.</b>
Fetal Alcohol Exposure, FAS, FAE, pFAS and ARND New trends in FASD treatment Trauma and FASD Child abuse and FASD Examples of community-based approaches to FASD Music and FASD Genetics and FASD Screening and diagnostic tools FASD and stigma	Brain-Based Teaching Methods Social Skills and Behaviors Families and FASD Receptive Language Development FASD and Life Skills for Success FASD-related grief and loss FASD and co-occurring disorders FASD and other neurodevelopmental conditions FASD and incarceration
<b>Special counselling techniques and approaches</b>	<b>30 hours</b>
Tools and interventions for working with a people affected with FASD (age, gender, the incarcerated, etc...)	
<b>Demonstrated expertise</b> (applicant must submit two documents)	<b>Minimum 80%</b>
<ul style="list-style-type: none"> <li>A research or position paper (2000 to 3000 words) <b>OR</b> 1 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 FASD</b>	<b>Supervisor’s score</b>
<ul style="list-style-type: none"> <li>Communication</li> <li>Screening and diagnosis</li> <li>Referral</li> <li>Intervention</li> <li>Community mobilization &amp; education</li> <li>Family outreach</li> <li>Prevention</li> </ul>	70% minimum
<ul style="list-style-type: none"> <li>Cultural approaches</li> <li>Professional integrity</li> </ul>	90% minimum
<b>Recertification requirements</b>	
Every two years, 40 hours of new training on topics related to FASD (10 hours of specialization-specific education + 20 hours of specialization-related education)	