

INDIGENOUS CERTIFICATION BOARD OF CANADA



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS ADDICTIONS SPECIALISTS - Level IV
Specialization in Concurrent Disorders (COD)**

**Contents of the Application Package for the Certification of Indigenous Addictions Specialists
Level IV – Specialization in Concurrent Disorders (COD)**

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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 Specialist at level IV with a specialization in Concurrent Disorders (CIAS IV-COD)** 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 Concurrent Disorders (CIAS IV-COD)**.

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: 450-983-8999 by email at admin@icboc.ca or 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).

<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"/>	Cheque, or money order, payable to: Indigenous Certification Board of Canada or ICBOC https://icboc.ca/certification/list-of-certifications/http-icboc-ca-addictions-wellness-certification-fees/

All 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 450-983-8999 or by email at registrar@icboc.ca or 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 concurrent disorders (COD)**, 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 certification as a Certified Indigenous Addictions Specialist at level IV with a specialization in concurrent disorders (COD).

Applicants for this certification must have employment utilizing knowledge and skills in concurrent disorders (COD). 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 concurrent disorders (COD) 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 _____ 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 provide the name of your provincial academic credential.

Note: If you are already certified as an Indigenous addiction's 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)

- **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.

Date of this declaration		Name of applicant	
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	
List of Training provided in-house and attended by this applicant			
Date of training	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 this section of the declaration 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.			
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 (concurrent disorders (COD)). 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 concurrent disorders** 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 Concurrent Disorders (Indigenous focus)	1	2	3	4
Understands the impact of substance abuse on psychiatric illness				
Understands the relationship between substance use and mental health problems				
Knowledge of the mental health problems that may influence the development of substance use problems and vice-versa				
Knowledge of the main groups of concurrent disorders				
Level of familiarity with the history related to the recognition of concurrent disorders				
Knowledge of the five axes of DSM-IV and DSM-5 categories of mental disorders				
Understands the structure & application of DSM for clinical diagnosis of mental illness and addiction.				
Knowledge of concurrent disorders prevalence and systemic issues (indigenous focus)				
Knowledge and ability to describe a range of specific concurrent disorders, as related to acuity and severity of the two disorders				
Knowledge of concurrent disorders' causes & risk factors				
Knowledge of the signs & symptoms of concurrent disorders				
Understand the vulnerabilities and factors that may trigger concurrent disorders and that are specific to indigenous individuals (ex. attachment and complex trauma, ACEs)				
Knowledge of approaches to concurrent capable practice				
Knowledge of the techniques that facilitate the detection of substance use and mental health problems				
Understand the separate role of screening, assessment, and treatment planning processes				
Knowledge of screening, assessment techniques & tools for concurrent disorders				
Ability to identify cultural issues with the assessment of indigenous individuals with concurrent disorders				
Knowledge of the criteria used to judge the performance of a screening tool				
Knowledge of concurrent disorders' treatment principles				
Knowledge of theories, systems and models related to the treatment of concurrent disorders				
Scores				
Total Scores				

Education/training Specific to Concurrent Disorders (Indigenous focus)	1	2	3	4
Understands the correlation of trauma with mental health and substance use				
Understands that concurrent disorder treatment requires expertise from an interdisciplinary team				
Recognizes the value of using a whole-person approach in the treatment of people with concurrent disorders				
Understands western and indigenous current and best practice approaches to treating and supporting clients with concurrent disorders				
Knowledge of phased treatment including the phases of recovery, the stages of change, and the stages of treatment for assessment and therapy				
Knowledge of the difference between sequential, parallel, and integrated treatment of concurrent disorders				
Understands the importance of identifying and developing personal strengths and resiliency in the establishment of a care plan for clients with concurrent disorders				
Knowledge of various tools to address the needs of a person with concurrent disorders				
• Motivational interviewing				
• Cognitive behavioural therapy				
• Strengthening emotion regulation skills				
• Medication management				
Knowledge & ability to apply strategies, tools and techniques relevant to client's engagement, crisis stabilization, short & longer term care, related to concurrent disorders				
Ability to engage clients in using strategies to look after themselves and reduce the impact of their relatives' problems on their own lives.				
Ability to identify the factors influence the impact of concurrent disorders on family life				
Understand issues of stigma and its impact of individuals affected by concurrent disorders, their family and community				
Knowledge of strategies to assist families to cope with issues associated with concurrent disorders				
Understands that the prevalence of combinations of substance use and mental health disorders varies, depending on the disorder:				
Knowledge of and ability to apply recovery and relapse prevention strategies to support clients with a concurrent disorders				
Knowledge of and ability to use resources and services to refer individuals and families affected by concurrent disorders				
Understands the needs of people with concurrent disorders				
• Issues with antisocial behaviour				
• Legal Problems				
• Suicide/Danger to self				
• Violence/Danger to others				
• Interpersonal Problems				
• Family Problems				
• Self-Care/Basic Needs				
• Personal Resources				
Understands the dynamics of concurrent disorders service delivery system at community, regional and provincial level				
Understands the legal and ethical issues related to concurrent disorders				
Scores				
Total Scores				

Education/training Specific to Concurrent Disorders	1	2	3	4
Knowledge of key issues and concerns in working with specific clients with concurrent disorders				
Children				
Youth				
Women				
Seniors				
The incarcerated (youth, men, women)				
Other vulnerable groups ((LGBTQ, elders, homeless, disabled)				
Knowledge of screening, assessment and treatment adapted to the need of specific concurrent disorders clients				
Youth				
Women				
Seniors				
The incarcerated				
Other vulnerable groups ((LGBTQ, elders, homeless, disabled)				
Knowledge of clients' verbal behaviours associated with different concurrent disorders and ability to communicate in a culturally effective across this range of verbal behaviours				
Ability to collaborate with a variety of resource providers and create a discharge and recovery plan that insures clients receive needed follow-up services				
Ability to establish and maintain ongoing supportive relationship with clients after discharge to assist during vulnerable times				
Knowledge of the difference between sequential, parallel, and integrated treatment of concurrent disorders				
Cultural approaches	1	2	3	4
Knowledge of the Thunderbird Partnership Foundation Indigenous Mental Wellness Continuum (FNMWC)				
Knowledge of Indigenous mental health and wellness concepts and approaches				
Knowledge and understanding of barriers that may be present in the treatment and support for Indigenous persons and families affected by with a co-occurring disorder.				
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				
Professional Integrity	1	2	3	4
Ability to take care of oneself				
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 working with clients with COD				
Ability to recognize own professional limits and to seek advice and support to maintain own wellness				
Demonstrates and maintains a welcoming attitude toward all persons with concurrent disorders regardless of the severity or acuity of their disorder				
Demonstrates genuine and authentic interest and commitment in supporting clients with concurrent disorders in their recovery process and ability to help themselves				
Scores				
Total Scores				

SUPERVISOR'S ENDORSEMENT

Moral Character _____

Professionalism _____

Community Standing _____

Personal history of alcohol or other substance mis-use _____

Other comments _____

Name of Supervisor (please print): _____

ADDRESS _____

Street

City

Province

Postal code

TELEPHONE (____) _____

Signature: _____

Date: _____

Employers¹ 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).

**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: _____

¹ 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				
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: 450-983-8999

Email: registrar@icboc.ca

Website: www.icboc.ca

SUMMARY OF STANDARDS AND REQUIREMENTS			
CERTIFIED INDIGENOUS SPECIALIST (mental health, wellness or addictions) Level IV			
Concurrent Disorders Specialization (CIAS IV-COD)			
Work experience			
<ul style="list-style-type: none"> This Certification is available to applicants who can demonstrate recent remunerated work experience in treating clients presenting a co-occurring substance use and mental health disorder, within a residential or community-based setting for at least six months (1000 hours) PLUS at least 3 years (6000 hours) of previous experience in the wellness/addictions field. 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 at least 350 hours (equivalent to 10 weeks) of direct services to clients with concurrent disorders (either as part of an applicant's current work responsibilities or through verified volunteer work or both) 			
Level of education	Level III accepted or a combination of academic qualifications, experience, and training		
Education/training Specific to Concurrent Disorders (Focus on Indigenous perspective)	160 hours min.		
Advanced Knowledge of Concurrent Disorders	20		
Issues and Techniques in the Screening and Assessment of Concurrent Disorders	20		
Strategies for Working with Clients with Concurrent Disorders	20		
Treatment of Concurrent Disorders	20		
Relapse Prevention	20		
Referral and Care Support for Clients with Concurrent Disorders	20		
Concurrent Disorders and the Family	20		
Concurrent Disorders – Legal, Professional and Ethical issues	20		
Education/training related to Concurrent Disorders (one or a combination of topics below - list is not exhaustive or in order of priority)	60 hours min.		
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;"> Best Practices - Concurrent Disorders Attitudes and stigma and concurrent disorders Integrated treatment of concurrent disorders Screening and assessment tools Stages of change Mutual self-help programs DBT for clients with concurrent disorders </td> <td style="width: 50%;"> Trauma Concurrent Disorders across lifespan, gender or sexual orientation Specific Concurrent Disorders and cross-cutting issues (ex. attention deficit, hyperactivity, PTSD, eating disorders, problem gambling, nicotine dependence, suicidality) Any topics related to addictions and mental health Topics related to traditional healing/Indigenous history </td> </tr> </table>	Best Practices - Concurrent Disorders Attitudes and stigma and concurrent disorders Integrated treatment of concurrent disorders Screening and assessment tools Stages of change Mutual self-help programs DBT for clients with concurrent disorders	Trauma Concurrent Disorders across lifespan, gender or sexual orientation Specific Concurrent Disorders and cross-cutting issues (ex. attention deficit, hyperactivity, PTSD, eating disorders, problem gambling, nicotine dependence, suicidality) Any topics related to addictions and mental health Topics related to traditional healing/Indigenous history	
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Special Techniques and approaches			
Tools and Interventions for Working with People with Concurrent Disorders			
Demonstrated expertise (applicant must submit two documents)			
Minimum 80 %			
<ul style="list-style-type: none"> A research or position paper (2000 to 3000 words) OR 1 day workshop/course AND A case study/intervention narrative (1000 to 2000 words) drawn from first-hand experience 			
Evaluation of competencies related to concurrent disorders			
Supervisor's score			
<ul style="list-style-type: none"> Communication Addictions and Mental Health Screening and Assessment Client-Counsellor Relationship Treatment Strategies Relapse Prevention Crisis Management 	70% minimum		
<ul style="list-style-type: none"> Cultural approaches Professional Integrity 	90% minimum		
Recertification requirements			
Every two years, 40 hours of new training on topics related to COD (10 hours of specialization-specific education + 20 hours of specialization-related education)			