



## INDIGENOUS CERTIFICATION BOARD OF CANADA

### RECERTIFICATION APPLICATION

Certification renewal required every 2 years

<b>Applicant's Full Name</b>					
<b>Home Address</b> <small>(Include Postal Code)</small>					
<b>Home Phone</b>				<b>Cell</b>	
<b>Email</b>					
<b>Current Certification Level</b>					
<b>Certificate No.</b>				<b>Expiration Date</b>	
<p><b>NOTE:</b> This form is for recertification <b>at the same level</b>.</p> <ul style="list-style-type: none"> <li>If you are applying for <b>higher certification</b>, please use the <b>Application for a Certification Upgrade</b>.</li> <li>If you obtained a certification through a <b>Certification Equivalence</b>, you will need to complete the <b>Recertification Application for Certification via ICBOC's Equivalence Process</b></li> </ul>					
<b>Current Employer</b>					
<b>Business Address</b> <small>(Include Postal Code)</small>					
<b>Employee Type</b>		<b>Treatment Centre Worker - TC</b>		<b>Community Based Worker - CB</b>	
<b>Other (Specify employee type)</b>					
<b>Work Phone</b>				<b>Work Email</b>	
<b>Current Position</b>					<b>Are you a NNADAP worker?</b>
<b>EDUCATION/TRAINING</b>					
<p>Please complete <b>Forms 2 and 3</b> included with this application. Please read the instructions provided carefully to ensure the forms are completed as required. Incomplete forms will be returned to the applicant, causing delay to the assessment of your application. In total, these two forms should document a minimum of 40 new training hours that adhere to the following requirements:</p> <ul style="list-style-type: none"> <li>Training must have been completed within 24 months of the issue of your last certificate.</li> <li>The training should be on topics that reflect the education/training required for your specific certification &amp; level.</li> <li>If ICBOC requested that you complete specific training to maintain your certification, please ensure this training has been completed or the issue of your renewed certification will be delayed until the training is complete.</li> </ul>					
<b>RECERTIFICATION FEE</b>					
<p><b>BEFORE YOU SEND YOUR APPLICATION, PLEASE ENSURE THAT YOU HAVE ENCLOSED</b> all of the required documentation along with the recertification fee that corresponds to your renewed certification and level. A list of fees can be found on ICBOC's website; <a href="https://icboc.ca/certification-fees/">https://icboc.ca/certification-fees/</a>. Review of the application will begin only when all of the required documentation and the application fee has been received.</p> <ul style="list-style-type: none"> <li>If your recertification application is late or incomplete 30 days from the date of your certificate expiry, please contact <a href="mailto:admin@icboc.ca">admin@icboc.ca</a>.</li> <li>If your recertification application has lapsed or is still incomplete 6 months or more from the date of your certificate expiry, please see fee schedule or contact <a href="mailto:admin@icboc.ca">admin@icboc.ca</a>.</li> </ul>					
<b>SENDING YOUR RECERTIFICATION APPLICATION</b>					
<p>Please send this completed recertification application form, photocopies of your certificates and/or transcripts and your recertification fee payment <b>in a single envelope, by regular mail, to the address below</b>.</p> <p>ICBOC accepts payment in the form of a cheque, bank draft, or postal/money order made <b>payable to ICBOC</b></p> <p>E-transfer can be sent to <a href="mailto:admin@icboc.ca">admin@icboc.ca</a></p> <p><b>Registrar</b>  <b>Indigenous Certification Board of Canada</b>  <b>P.O. Box 3999, Kanehsatake, QC J0N 1E0</b></p>					

**RECERTIFICATION APPLICATION GUIDELINES**  
**INSTRUCTIONS TO COMPLETE FORM 2**

**FORM 2:** Please document education and training delivered by external providers, that you have completed since the issue of your last certificate on this form.

**External providers are:**

- Institutions or organizations who deliver formal education programs or training
- Trainers/facilitators invited to deliver their training at your place of work or in your community

**Education or training that can be delivered by an external provider:**

- Courses or programs normally delivered by educational institutions or organizations (online or classroom-based)
- Informal training offered in the form of workshops, stand-alone courses, webinars, including those delivered by independent trainers or training delivered in the context of conferences.

**ACCEPTED PROOFS OF TRAINING**

- **Certificates** bearing the required information must be submitted for every completed training. Certificates that do not indicate the number of hours or the dates of training are not accepted.
- When only the date(s) of training is/are indicated on the certificates, ICBOC will grant 6.5 hours for each day of training.
- **Official Transcripts** are required when you have graduated from a training program from a college, university, or other educational institution.
- **Unofficial Transcripts** are accepted for programs that have been partially completed. The name of the institution, the student and the program must be documented on all transcripts.

*Please provide the internet link to the program so that ICBOC can review the course descriptions. ICBOC might request a description of the courses completed from you.*

- **Affidavits/Declarations.** You are responsible for obtaining certificates of attendance/completion. If you do not have access or cannot acquire your certificates, we accept, **under extenuating circumstances only**, a declaration from your employer or supervisor, on employer letterhead. It must include the date and title of the training, the number of hours the training consisted of as well as the complete and legible contact information of the qualified signatory.
- If your training was completed in the context of a conference, please provide a certificate showing the title of the training and hours for every session attended. Registration receipts, copy of conference program etc., are not accepted as proof of attendance and completion of training.

FORM 2 – TRAINING PROVIDED BY EXTERNAL PROVIDERS			
Applicant's name			
Training Provider (Organization, Conference, Trainer)	Title of Training (as indicated on certificate)	Hours	Certificate Included (Y/N)
		TOTAL HOURS	

## RECERTIFICATION APPLICATION GUIDELINES

### INSTRUCTIONS TO COMPLETING FORM 3

**FORM 3:** Please document any alternative learning/training that you have completed since the issue of your last certificate on this form.

#### **What is alternative learning/training:**

As an Indigenous, culture-based certifying body, ICBOC recognizes that, for various reasons, it is sometimes difficult to attend training outside the community. We believe that knowledge and skills can also be acquired through alternative means. Below are three distinct situations where this kind of alternative learning/training can be acquired and recognized:

#### **Situation 1. Participation in cultural/traditional activities in the context of your healing work with clients.**

By attending and/or participating in these activities with your clients, during work hours, you are acquiring skills and knowledge about how and why these activities can impact the recovery and wellbeing of your client.

#### **Situation 2. Cultural teachings or advice you received from an Elder at your place of employment, during the course of your work schedule.** This might relate to issues pertaining to your own ability to engage with your clients, for which you are seeking guidance with the view to improve your interventions and relationships.

#### **Situation 3. Training you have developed and delivered yourself in-house to your colleagues, your clients or to people in your community.** By sharing your knowledge with others, you are also gaining valuable skills and knowledge. Among the skills you will acquire are presentation skills, interpersonal skills, communication skills, analytical skills, time management skills etc. Imparting knowledge is not a one-way process. Your audience is made up of people who can also contribute their own ideas, views, learnings, values etc. This will impact and enhance your own knowledge. We encourage employers and supervisors to foster the sharing of the knowledge that already exists among their staff. Creating a community/circle of learning in a workplace enhances individual and collective learning.

#### **IMPORTANT NOTES**

Please read, use, and complete this form carefully, as instructed, or the form will not be accepted.

- **Do not use this form** to list **any training provided by external trainers/facilitators**. If you attended in-house training, provided by external facilitators, please document this on Form 2.
- Make as many photocopies of Form 3 as you require to separately document learnings/trainings pertaining to each individual situation. Please complete one form (Form 3) per situation. Do not list learnings/trainings acquired across multiple situations on one single form.
- Note that the maximum number of hours accepted as part of the Declaration of Alternative Learning/Training must **not exceed 26 hours**.
- **Please provide supporting documentation to support any training listed as delivered and developed by you** i.e. class schedules, attendance logs, lesson plans, course outlines, course agendas etc.
- **Please also ensure that each copy of Form 3 listing the learnings/trainings is signed as required by a person qualified to sign it** (Elder, employer, Executive Director, supervisor, training coordinator, Human Resources Manager). If it is not possible for an Elder to complete and sign Form 3 for Situation 2, it can be completed by one of the other qualified persons listed above, however, the name and contact information of the elder **MUST** be provided.

**FORM 3 - DECLARATION OF ALTERNATIVE LEARNING/TRAINING**

Name of Applicant		Date of this declaration	
Which situation applies to the alternative learning/training you obtained (Check appropriate box). See Page 4 of this application form to determine which situation your training should be categorized under.			
Situation 1	Situation 2	Situation 3	Supporting Documentation Included? (Y/N)
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job title of the person signing this declaration and relationship to the applicant			
Date	Title of Training Session		Hours

**Note:** If you need more space to list the training that the applicant has attended/completed, please photocopy this page.  
Please ensure that the declaration section below is completed.

**DECLARATION**

I, the undersigned, affirm that I am the person qualified to provide this letter of declaration and that I have verified the training received by the above-named applicant. I declare that the information provided in this letter is correct and truthful.

Name of qualified person \_\_\_\_\_

Signature of qualified person \_\_\_\_\_

Date \_\_\_\_\_ Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_  
Day Month Year