

# **INDIGENOUS CERTIFICATION BOARD OF CANADA**



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**APPLICATION FOR THE RENEWAL  
OF A FIRST CERTIFICATION  
OBTAINED THROUGH ICBOC's CERTIFICATION EQUIVALENCE PROCESS**

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## Application Contents and checklist

Please use this list below to check that you have included all the required documents in your application. Do not forget to include the recertification fee with your application package

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	Supervisor’s Evaluation corresponding to your current ICBOC certification and level*.	
<b>* Please contact ICBOC for a copy of the Supervisor’s evaluation that fits your situation*</b>		
	Acceptable proofs in support of the 40 hours of new training <ul style="list-style-type: none"> <li>- Certificates</li> <li>- Employer’s declaration</li> <li>- Program graduation certificate + transcripts</li> </ul>	
	To find out the fee for the renewal of a certification obtained through ICBOC equivalence process please visit our website at <a href="http://icboc.ca/certification/list-of-certifications/list-of-fees/">http://icboc.ca/certification/list-of-certifications/list-of-fees/</a>	

## HOW TO COMPLETE THIS APPLICATION

Congratulations on taking this step to renew your certification with ICBOC. This package contains all the forms you need to apply for the renewal of your first certification obtained through ICBOC's equivalence process.

This form is for recertification **at the same level as the certification you have already been granted.**

- If you wish to apply for a certification upgrade, you first need to renew your current certification. If you have questions in this regard, please contact us.
- If your current certification obtained through ICBOC's equivalence Process has lapsed for six months or more and has been archived, you will need to re submit a complete application package corresponding to your current certification and level.

**REMINDER:** You need to submit a Supervisor's Evaluation corresponding to your current ICBOC certification and level. Before submitting this renewal application, please contact our Registrar's department and request the Supervisor's Evaluation that corresponds to your current certification and level.

**PLEASE KEEP A PHOTOCOPY OF YOUR APPLICATION & SUPPORTING DOCUMENTS FOR YOUR RECORDS.**

Your application materials will first be received, mail logged, dated and filed by our Administrative Coordinator. Your application will be passed on to our Registrar for review **only when the package is complete**, with the cheque or money order to the right amount (payable to ICBOC) have been received.

**IMPORTANT:** If you change address or phone during the two years leading to your certification renewal, **please do not forget to send us your new contact information.**

If you have any questions regarding the application package, educational requirements, or about ICBOC please don't hesitate to call us by phone at: **450-983-8444** or by email at [admin@icboc.ca](mailto:admin@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*

## 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

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

Are you a NNADAP worker? \_\_\_\_\_ Residential Treatment?  or Community-based service

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 \_\_\_\_\_  
Work

email

FIRST NATION AFFILIATION/ORGANIZATION \_\_\_\_\_

**Please check your preferred contact location**

HOME  OFFICE

## 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 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 \_\_\_\_\_

## EXTERNAL PROVIDERS' TRAINING - GUIDELINES FOR COMPLETING FORM 2

This form is for you to document the education and training that you have completed, and that was delivered by external providers.

### External providers are:

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

### Education or training that can be delivered by external providers:

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

### ACCEPTED PROOFS OF TRAINING:

- **Certificates** bearing the required information must be submitted for every completed training. Certificates that do not indicate the number of hours or the dates of training are not accepted.
- When only the date(s) of training is/are indicated on the certificates, ICBOC will grant 6.5 hours for each day of training.
- **Official transcripts** are required when you have graduated from a training program from a college, university or other educational institution.
- **Unofficial transcripts** are accepted for programs that have been partially completed. The name of the institution, the student and the program must be documented on all transcripts.
- **Please provide the internet link to the program** so that ICBOC can review the course descriptions. ICBOC might request from you a description of the courses completed.
- **Affidavits/Declarations.** You are responsible for obtaining certificates of attendance/completion. If you do not have access to or cannot acquire your certificates, we accept, under extenuating circumstances, a declaration on the employer's letterhead from your employer or supervisor. It must include the date of the training, the title and number of hours as well as the complete and legible contact information of the qualified signatory.
- If your training was completed in the context of a conference, please provide a certificate showing the title and hours for every session attended. Registration receipts, copy of conference program etc... are not accepted as proofs of attendance and completion.



## ALTERNATIVE LEARNING/TRAINING - GUIDELINES FOR COMPLETING FORM 3

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

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

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

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

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

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

### **IMPORTANT:**

- Please read, use and complete this form carefully, as instructed, or the form will not be accepted.
- **Do not use this form to list any training provided by external trainers/facilitators.** If you attended in-house training, provided by external facilitators, use the form on page 6.
- Please complete one form per situation. Do not list learnings/trainings acquired in multiple situations on one single form. Please make as many photocopies of the form on page 8 as you require to separately document learnings/trainings pertaining to each individual situation.
- Please note that the maximum number of hours accepted as part of the Declaration of Alternative Learning/Training must **not exceed 26 hours**.
- **Ensure that each copy of the form on page 8 listing the learnings/trainings is completed as required by a person qualified to sign it** (Elder, employer, executive director, supervisor, training coordinator, human resources manager, or any other person responsible for staff training and who can be contacted). If it is not possible for an Elder to complete and sign page 8 for situation 2, it can be completed by one of the other qualified persons. However, the name and contact information of the elder **MUST** be provided.



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

Name of applicant		Date of this declaration	
Situation 1	Situation 2	Situation 3	Documents for situation 3 are included (checkmark the box)
Name of the employing organization/agency			
Name of the person qualified to sign this declaration			
Job Title of the person signing this declaration			
Telephone		Email	
Date	Title of the training session		Hours

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

**DECLARATION**

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

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

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

Date \_\_\_\_\_  
 Day                      Month                      Year

Telephone # \_\_\_\_\_

## PERSONAL WELLNESS PLAN

### Circle of Life

All **Certified Indigenous Attendant in Residential Addiction Services (CIARAS)** will have a personal health and wellness plan. This plan is a continuous day-to-day action plan that maximizes the individual's potential in each quadrant of the Circle of Life.

Below is a list to assist you to develop your personal wellness plan. Use it each day, keep in mind that balance in your own life is your own responsibility that reflects your credibility.

**“ My Wisdom of Choice is my great gift received from the Creator. I draw on the teachings and wisdom of Elders whom I know and respect. Their insights provide the vision I need to discover my purpose.”**

Make changes, additions, or modifications to the list below, it's a guide designed to help you get started.

1. List what is necessary to remain balanced in each of your four quadrants.
2. Take time to consider the common feelings, actions and thoughts that support your total well being.

### Examples:

#### a. Strengths

People skills, gentleness, sense of humor, insight, respect, vision, hopes and dreams, dedication, commitment, skills, experience, knowledge.

#### b. Spiritual

Traditional/cultural ceremonies, prayer, spiritual readings, meditation.

#### c. Emotional

Cultural practices, healing, work environment, adventure, rest and relaxation, feelings, virtues, beliefs, values, self-esteem.

#### d. Physical

Nutritious foods, exercise, clean body and environment, no-smoking, no-alcohol, no-drugs, safe sex.

#### e. Mental/Social/Cultural

Work life, school life, social and fun, financial knowledge, health knowledge, cultural practices. Nuclear and extended family, relationships, old and new friends, new information, self-expression, anger management.

## MY PERSONAL WELLNESS PLAN

My name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

A. My **Strengths**: \_\_\_\_\_

What may stop me from using my strengths to achieve the goals I choose for myself: \_\_\_\_\_

\_\_\_\_\_

B For my **Spiritual** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

C. For my **Emotional** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

D. For my **Physical** well being:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

E. For my **Mental** well being,:

My goal is: \_\_\_\_\_

Steps I take to reach my goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## 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 clients rests with the employer. To know more about the ICBOC's Policy on Criminal Record Checks, please contact ICBOC.

### 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

## ICBOC CODE OF ETHICS

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

- Abstain from substance mis-use and process addictions during our tenure as certified 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 the primary goal is to maintain recovery and wellness of the client.
- Show a genuine interest in helping clients with their 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 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.

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Signature

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

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Name (Please print)

**WHERE TO SUBMIT AN APPLICATION  
FOR THE RENEWAL OF A FIRST CERTIFICATION  
OBTAINED THROUGH ICBOC'S EQUIVALENCE PROCESS**

**PLEASE ENSURE THAT YOU HAVE ENCLOSED** all the required documents and the certification equivalence renewal fee with your application.

To find the information about ICBOC's current certification and recertification fees, visit our website at <http://icboc.ca/certification/list-of-certifications/list-of-fees/>.

ICBOC accepts payments by cheque or postal/money orders **made out to ICBOC**

Please send your complete renewal application **by regular mail and in one single envelope**, to the following address:

Office of the Registrar  
Indigenous Certification Board of Canada  
P.O. Box 3999  
Kanehsatake, Qc  
J0N 1E0