



FIRST NATIONS WELLNESS/ADDICTIONS COUNSELLOR CERTIFICATION BOARD

APPLICATION FOR RECERTIFICATION Renewal of certification every two years

APPLICANT'S FULL NAME _____
First Middle Last

HOME ADDRESS _____
Street Town Province Postal Code

HOME PHONE (____) _____ BUSINESS PHONE (____) _____ EMAIL _____

CURRENT CERTIFICATION LEVEL ___ CERTIFICATE # _____ EXPIRATION DATE ___ -

Applying as Indigenous Certified Addictions Specialist I ___ II ___ III ___

NOTE: If you are applying for higher certification you must provide proof of any training, education, certificates, diplomas, degrees or otherwise that you have taken during the past two years. This must be sent, along with the fees, to the Registrar.

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____
Street Town Province Postal Code

CURRENT POSITION _____

FIRST NATION AFFILIATION OF ORGANIZATION _____

OTHER AFFILIATION _____

EDUCATION/TRAINING: Please list all training, education, courses that you have taken during the past two years. These 40 contact hours of training/education have been completed in the past 24-months since initial certification. These 40 hours must be specific to alcoholism and drug abuse counseling and/or related subjects. Please send copies of all certificates/transcripts verifying the 40 required hours.

1. Education Institution _____
Course _____
Date(s) _____
2. Education Institution _____
Course _____
Date(s) _____
3. Education Institution _____
Course _____
Date(s) _____
4. Education Institution _____
Course _____
Date(s) _____
5. Education Institution _____
Course _____
Date(s) _____
6. Education Institution _____
Course _____
Date(s) _____

PLEASE ENSURE THAT YOU HAVE ENCLOSED the \$200 recertification fee with all the documents. Review of the recertification application will only proceed once all the documents and the fee have been received.

Registrar
First Nations Wellness/Addictions Counsellor Certification Board
104 – 1037 West Broadway, Vancouver, BC, V6H 1E3