

FIRST NATIONS WELLNESS/ADDICTIONS COUNSELLOR CERTIFICATION BOARD



**APPLICATION PACKAGE FOR THE CERTIFICATION OF
INDIGENOUS WELLNESS/ADDICTIONS WORKERS**

2012

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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

Congratulations on taking this step to becoming a Certified Indigenous Wellness/Addictions Worker (CIWAW). This application package contains all of the forms you will need to submit.

Once you have the application package (either by mail or downloaded from our website) you will be responsible for (1) completing your sections, (2) having your references, supervisor, employers and those completing letters of endorsement complete theirs, and (3) collecting all the completed forms, and sending everything, including the \$200 application fee to the FNWACCB office. All material must arrive in our office in one envelope.

PLEASE KEEP A PHOTO COPY OF THE COMPLETED APPLICATION PACKAGE FOR YOUR FILES.

To ensure that you understand the certification requirements please download the GUIDE FOR THE CERTIFICATION OF INDIGENOUS WELLNESS/ADDICTIONS WORKERS from our website.

Because documents will need to be returned to you by your references, supervisor(s), employer(s), **you will need to provide each of them with an envelope (none are included in the application package)** that has the following information printed on the front:

Your Name _____

Name of Document _____

Your Address _____

Example: for a letter of reference the information on the outside of the envelope would look something like this:

First Name Last Name
Document: Letter of Reference
Address, City, Province A0A 0A0

Review of your application materials will take place once the **complete** package with the cheque or money order (payable to First Nations Wellness/Addictions Counsellor Certification Board or FNWACCB) has been received in our office. Be sure to include your return address on the outside of the envelope containing your application package. We will acknowledge receipt of your application material and inform you should anything be missing. The review of your file will only begin when we have received the missing materials.

If you have any questions regarding the application package, educational requirements, or about FNWACCB please call us at: 604-874-7425 or toll free 1-877-974-7425 or admin@fnwaccb.ca is our email. **Don't forget to inform us of any future change of address.**

We look forward to receiving your application package and to assisting you in any way that we can.

The Board and Staff of FNWACCB

Check List

The list below is provided to ensure that you have all the necessary forms and documents for certification. Just check the items on the list as they are ready. Keep a copy of all the documents you send FNWACCB in your application, so you have your own records.

Please refer to the GUIDE FOR THE CERTIFICATION OF INDIGENOUS WELLNESS/ADDICTIONS WORKERS regarding FNWACCB’s educational and employment requirements.

You are responsible for having **ALL** the following forms completed and submitted to the Registrar at the address noted at the bottom of this page.

- Personal Information Form _____
- Assurances Form _____
- Employment History Form _____
- Employment Verification Form _____
- Current comprehensive Job Description _____
- Educational Qualifications Form _____
- Copy of your certificates or diplomas from educational institutions _____
- Copy of your transcripts with number of course hours for each course _____
- Education/training information form regarding the certification requirements _____
- Education/training details form _____
- Copy of all your certificates and hours for the training you have listed _____
- Training/experience details regarding the 12 core functions _____
- Copy of all certificates & hours in support of the 12 core functions _____
- Detailed Practicum/internship Report _____
- Supervisor’s Evaluation Form with Glossary of terms (**page 16 to 21**) _____
- Two (2) Letters of Reference (*Personnal and Professional*) with Glossary of terms _____
- Consent Form (*Release of information*) _____
- Withdrawal of Consent Form (*Directory of FNWACCB Certified Professionals*) _____
- Completed and signed Personal Wellness Plan _____
- Criminal Record Check _____
- \$200.00 cheque, or money order, payable to: _____
First Nation Wellness/Addictions Counsellor Certification Board

All of the required forms that make up the application package must be received by the Registrar as **one complete package** in order for us to process your application.

NOTE: Photocopies of certificates will be accepted. Keep the originals in your files.

If you require more information or assistance or contact the FNWACCB office at 604-874-7425, Toll Free 1-877-974-7425 or by email at registrar@fnwaccb.ca or admin@fnwaccb.ca

Submit the completed package to: Registrar, FNWACCB
 207 – 2735 East Hastings Street
 Vancouver, BC
 V5K 1Z8

Personal Information

Date Submitted: _____

APPLICANT'S FULL NAME _____

First

Middle

Last

ALSO KNOWN AS _____

HOME ADDRESS _____

Street

Town

Province

Postal Code

HOME PHONE (____) _____ EMAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____

Street

Town

Province

Postal Code

BUSINESS PHONE (____) _____ EMAIL ADDRESS _____

CURRENT POSITION _____

FIRST NATION AFFILIATION/ORGANIZATION _____

OTHER 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 First Nations Wellness/Addictions Counsellor Certification Board. I will accept the decision of the FNWACCB and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Wellness/Addictions Worker enrolled with FNWACCB, 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 FNWACCB 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 _____

Employment verification form

To applicant: Please provide proof of employment as a wellness/addictions worker for at least one year (2000 hours) If verification by more than one employer is required to meet this standard, please photocopy this form before you distribute it.

Dear employer/supervisor:

You are requested to verify the employment of (please print) _____ who is applying for certification from the First Nations Wellness/Addictions Counsellor Certification Board. Applicants must have employment utilizing wellness/addictions skills.

Name of employing organization _____

Address _____ Telephone _____

City _____ Province/Territory _____ Postal Code _____

Name of employer/supervisor (Print) _____

Title of employer/supervisor: _____

Position of Applicant _____ Employed from _____ To _____
month/day/year month/day/year

Major Duties _____

Additional position(s) previously held by the applicant in your organization (if any):

1. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

2. Job title _____ Employed from _____ To _____
month/day/year month/day/year

Briefly describe the applicant's major duties in this previous position: _____

Signature of employer/supervisor: _____ Date: _____

Please return the completed and signed form to the applicant in the envelope provided. Failure to do so may jeopardize the timely processing of this application.

APPLICANT'S NAME _____

DATE _____

Educational Qualifications

In the space below please provide information on your educational background.

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

Name of degree, diploma or certificate _____

Year degree, diploma, certificate received _____

2. **Name of University/College:** _____

(Check appropriate box) Degree Diploma Certificate

Name of degree, diploma or certificate _____

Year degree, diploma, certificate received _____

3. **Name of University/College:** _____

(Check appropriate box) Degree Diploma Certificate

Name of degree, diploma or certificate _____

Year degree, diploma, certificate received _____

Educational/training information regarding certification requirements

The specific education/training requirements for this certification are explained in the **Guide for the certification of wellness/Addictions workers** on our website at www.fnwaccb.ca under Publications

The education/training requirements for this certification fall into four categories of topics: 1) Addictions-specific, 2) Addiction-related 3) 12 core functions and 4) skills. Please place a check mark (v) next to the subjects in which you have received education or training.

Verification of training: Use the **Educational Background Form** in the next two pages to indicate for each topic where you took the course or training. You must provide proof for each training listed. If you need more space, photocopy the form and add to package.

Addiction-specific topics	Yes	No
Introduction to Addictions		
Dynamics of Addictions		
Pharmacology		
Human development		
Addiction Interventions		
Self, Health and Wellness		
Ethics/cultural values		
Addiction-related Topics	Yes	No
HIV/AIDS		
Conflict management		
Grief work		
FASD		
Trauma work		
Residential School and intergenerational trauma		
Suicide		
Prevention		
Mental health		
Co-occurring disorders		
Western and Aboriginal therapeutic approaches		
Specific drugs/substances		
Selfcare		
Twelve Core Functions	Yes	No
Screening		
Intake		
Assessment and evaluation		
Treatment Planning		
Counselling: Individual, Group and Significant others		
Case Management		
Client Education		
Referral		
Reports and Record Keeping		
Crisis Intervention		
Client Orientation		
Consultation With Other Professionals		
Skills/General Knowledge	Yes	No
Communications (mandatory)		
Group facilitation skills		
Interviewing skills		
Conflict resolution		

Education/training details

Using the next two pages, provide information on the training you have indicated in the preceding page (courses, workshops, other training format). Please make sure you indicate course/workshops hours and attach copies of all certificates and transcripts.

Name of Applicant: _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Education/training details (ctnd)

(The form for training details on the 12 core function is on page 13)

If you need more space, please photocopy the page, complete it and attach it with the others. Please make sure you indicate course/workshops hours and attach copies of all certificates and transcripts.

Name of Applicant: _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Name of Institution or organization providing course or workshop :	
Course/Workshop Title:	
Dates of Course/workshop:	
# of Hours of course/workshop:	
Certificate attached	Yes _____ No _____

Training and Experience details - 12 Core Functions

A person applying for FNWACCB Wellness/Addictions Worker certification must demonstrate 70 hours of education/training and experience* courses or training in the 12 core functions. Please use the table below to provide the information on the education /training you have received.

***On-the-job training experience in the 12 core function is evaluated by your supervisor (Supervisor’s evaluation form)**

Name of applicant					On-the-job Training/Experience?	
Core Function	Course/workshop/session title	Date	Hours	Name training agency	Yes	No
Screening						
Intake						
Assessment						
Treatment Planning						
Counselling						
Case Management						
Client Education						
Referral						
Reports & Record Keeping						
Crisis Intervention						
Client Orientation						
Consultation With Other Professionals						

Description of the 12 Core Functions

1. **Screening:** The process by which a client is determined appropriate and eligible for admission to a particular program. Through this process, the counselor, client and available significant others determine the most appropriate initial course of action, given the client's needs and characteristics, and the available resources within the community.
2. **Intake:** The Administrative and initial assessment procedure for admission to a program.
3. **Orientation:** Describing to the client; the general nature and goals of the program, rules governing client conduct and infractions that can lead to disciplinary action or discharge from the program; in a non residential program, the hours during which services are available; treatment costs to be borne by the client, treatment costs to be borne by the client, if any; and, client rights.
4. **Assessment and evaluation:** Procedures by which a counsellor/program identifies and evaluates an individual's strengths, weakness, problems and needs for the development of the treatment plan. Evaluation and assessment skills insure that appropriate services meet client needs and include the ability to evaluate and assess client needs, and the ability to evaluate and assess the needs and problem stage level of the counseling recipient.
5. **Treatment Planning:** Process by which the counsellor and the client:
 - identify and rank problems needing resolution;
 - establish agreed upon immediate and long-term goals, and;
 - decide on a treatment process and the resources to be utilized.
 Treatment planning or case planning assures healthy participation of individuals and families in the counseling/treatment process, Counsellors should involve their clients in the counseling/treatment process of planning and individualized treatment programs.
6. **Counselling:** Individual, Group and Significant others
 The utilization of special skills to assist individuals, families or groups in achieving objectives through:
 - exploration of a problem and its ramifications;
 - examination of attitudes and feelings;
 - consideration of alternative solutions, and;
 - decision making.
 The counselling and treatment process relates to the primary direct delivery of service. Counselling constitutes a major portion of treatment: and therefore requires a deepened level of skills and knowledge.
7. **Case Management:** For each client, the continuum of substance abuse treatment ranges from case finding to treatment planning and treatment implementation to aftercare that responds to his/her particular needs. Case management supports a client as he moves through the recovery continuum and reinforces treatment goals.

 The difference between substance the treatment function and the case management function is that treatment involves activities that help clients recognize their problems, that inspire their motivation and offer them tools to stay abstinent, and to use these tools.

 Case management focuses on helping the substance abuser acquire needed resources. It includes a range of activities which bring services, agencies, resources or people together within a planned framework of action toward the achievement of established goals. It may involve liaison activities and collateral contracts.
8. **Crisis Intervention:** Those services which respond to an alcohol and or other drug abuser's needs during acute emotional and/or physical distress.

9. Client Education: Provision of information to individuals and groups concerning alcohol and other drug abuse, on risks and implications related to psychoactive substance use, as well as available prevention, treatment and recovery resources and the available services and resources.

10. Referral: Identifying the needs of the client that cannot be met by the counsellor or agency and assisting the client to utilize the support systems and community resources available.

First Nations clients and their families have a multitude of needs that may require a multidisciplinary approach. Appropriate community agencies must be utilized by the Counsellor in order to meet and serve a wide spectrum of needs

11. Reports and Record Keeping: Charting the results of the assessment and treatment plan, writing reports, progress notes, discharge summaries and other client-related data.

12. Consultation With Other Professionals In Regard To Client Treatment/Services: This core function involves relating with our own and other professionals to assure comprehensive, quality care for the client.

It involves the administrative, clinical, and evaluative activities that bring the client, treatment services, community agencies, and other resources together to focus on issues and needs identified in the treatment plan.

It also involves collaboration with the client and significant others, coordination of treatment and referral services, liaison activities with community resources and managed care systems, client advocacy, and ongoing evaluation of treatment progress and client needs.

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 also provide their comments.

Supervisor's Assessment Form (page 16 to 21)

NAME OF APPLICANT: _____
 To be filled in by applicant

Dear Supervisor,

Completion of this form represents your personal appraisal of the applicant’s knowledge and skill level in the key areas that we have identified as critical for someone who is a professional Indigenous Certified Wellness/Addictions Worker. The applicant has waived his/her right to inspect this evaluation and/or any other communication between you and the First Nations Wellness/Addictions Counsellor Certification Board.

Please return the completed assessment form in a sealed envelope to the applicant. Failure to do so may jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE SUPERVISED THE APPLICANT: _____

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

Core Knowledge (within an aboriginal perspective)	1	2	3	4
Knowledge of various forms of addictions including substance, solvents, and process addictions.				
Knowledge of the biological, psychological and sociological factors that determine an individual’s level of involvement with substances or gambling				
Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse.				
Knowledge of how addictions work and their effects on individuals, family & community				
Knowledge of characteristics of family dysfunctions				
Knowledge of the basic principles and definitions of pharmacology				
Knowledge of the physiological mechanisms of chemical dependencies				
Knowledge of human growth and development.				
Knowledge of the consequences of maladaptive behaviour on this process				
Knowledge of processes of recovery, including western models and traditional models				
Knowledge of relapse prevention planning and techniques				
Knowledge of personal care and individual responsibility for the practice of basic stress management as it relates to service delivery including understanding balancing of professional and personal lives				

Supervisor’s Assessment Form (page 16 to 21)

NAME OF APPLICANT: _____

Please provide your own assessment of the applicant’s level of knowledge in these addiction-related topics

(Scoring key: 1=Need more training /experience; 2=Adequate; 3=Good; 4=Excellent)

Knowledge in addiction-related topics	1	2	3	4
HIV/AIDS				
Conflict management				
Grief work				
FASD				
Trauma work				
Residential School and intergenerational trauma				
Suicide				
Prevention				
Mental health				
Co-occurring disorders				
Western and Aboriginal therapeutic approaches				
Specific drugs/substances				
Selfcare				
Are there any other addiction-related* topics in which the applicant has knowledge and how do you rate this knowledge? *You are welcome to indicate topics that, in your view, are addiction-related	1	2	3	4
General skills/Knowledge	1	2	3	4
Communication				
Oral Communications - Communicates effectively with clients, peers, resources				
Written Communications – Writes accurate reports with relevant information				
Group facilitation				
Understands the role of group facilitation in treatment process				
Understands the principles and methods of group facilitation				
Capacity to match facilitation strategies to needs of groups				
Direct experience in group facilitation				
Interviewing Skills				
Understanding the role of interviewing in gathering relevant information				
Knowledge of effective interviewing approaches and techniques				
Capacity to use a style of interviewing best able to establish good rapport with client, to motivate client and elicit information				
Knowledge of privacy, confidentiality protocols and regulations and client rights				
Ability to keep clear and accurate records from interviews				
Conflict resolution				
Knowledge of sources of conflict				
Knowledge of conflict management approaches and practices				
Experience with conflict management				
Knowledge of resources to call on in situation of conflict				

Supervisor’s Assessment Form (page 16 to 21)- Knowledge and Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

Screening	1	2	3	4
Knowledge and understanding of the role of screening				

Knowledge of screening methods, tasks and tools				
Knowledge of methods/approaches to screen for psychoactive substance toxicity, intoxication, and withdrawal symptoms; aggression or danger to others; potential for self-inflicted harm or suicide				
Capacity to interpret the results of screening				
Ability to establish rapport and motivate clients				
Knowledge of resources for clients' referral				
Intake	1	2	3	4
Capacity to communicate clearly and sensitively				
Knowledge of necessary administrative procedures for admission to treatment				
Knowledge of data gathering tools related to admission (forms, filing procedures)				
Knowledge of interviewing techniques				
Knowledge of protocols regarding the gathering and storing personal client information (confidentiality, clients legal rights)				
Capacity to listen, offer choices, respect client preference and make client feel valued				
Capacity to assess clients' needs and to prioritize these needs				
Assessment	1	2	3	4
Knowledge of the role of assessment as an important component of a client-centered plan				
Knowledge of the assessment methods, tasks and instruments				
Ability to interpret assessment results				
Client Orientation	1	2	3	4
Ability to describe to the client the general nature and goals of the program, rules governing client conduct and infractions etc...				
Treatment Planning	1	2	3	4
Knowledge of treatment approaches and long range rehabilitation processes				
Awareness of needs for medical care, post treatment crisis and support to forge and maintain a wellness lifestyle				
Capacity to translate assessment information into treatment plans with clear goals and outcomes				
Ability to involve clients in the process of planning individualized treatment, admission and discharge				
Ability to share evaluation findings with the clients and their families and in working through their reactions and/or resistance to this evaluation				
Knowledge of and ability to participate in various comprehensive treatment processes, knowledge of their rationale, relationship to other methods, and their strengths, limitations and appropriateness for treatment				
Ability to make treatment recommendations based on information obtained from relevant instruments (ex: screening and assessment results) and matching treatment to clients needs, ability and preferences including clients legal rights				
Client Education	1	2	3	4
Ability to provide information to individuals and groups concerning alcohol and other drug abuse, risks and implications related to psychoactive substance use, available prevention, treatment and recovery resources and other available services and resources.				

Supervisor's Assessment Form (page 16 to 21) – Knowledge & Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

Counselling (Individual, Group and Family/Significant others)	1	2	3	4
Knowledge of addictions counseling theories and practice				

Ability to use Counselling models, techniques, to educate, elicit feelings, facilitate self-understanding, and motivate the client to Wellness				
Ability to establish and maintain a genuine, warm, respectful, and empathic therapeutic relationship with a client				
Familiarity with the philosophy and process of recognized and accepted self-help groups such as: Alcoholics Anonymous, Al-Anon, Codependency Anonymous, Adult Children of Alcoholics, Al-A-Teen, Parents Anonymous, Gamblers Anonymous, Sexual Addiction Anonymous, Narcotics Anonymous, Over-Eaters Anonymous and recognition about the importance of these supports for long term rehabilitation				
Knowledge of and skill in goal setting, contracting, and problem solving				
Ability to recognize denial defense behaviors and mechanisms. And to motivate clients to achieve their treatment goals				
Ability to locate and/or develop and utilize informational support systems				
Ability to recognize own professional and personal limitation				
Skills and effectiveness in individual counselling				
Skills and effectiveness in group counselling				
Skill and effectiveness in counselling with spouse and family				
Case Management	1	2	3	4
Knowledge of case management models				
Knowledge of treatment options				
Capacity to develop, evaluate, adjust, treatment plans as appropriate				
Knowledge of methods to assess client's progress toward treatment goals				
Ability to match clients and most appropriate available services				
Knowledge human resources (self-help groups, agencies, crisis intervention programs, other professionals, governmental entities, and the community-at-large etc..) to address needs and ensure appropriate referrals,				
Ability to establish and maintain helping relationship with clients, family members, co-workers and external colleagues				
Ability to advocate for clients				
Referral	1	2	3	4
Understanding of the role and scope of outreach services				
Knowledge of and access to community support sources, their eligibility requirements, treatment philosophies, administrative contact and service procedures				
Ability to interpret the needs of individuals and families with drugs and alcohol related problems				
Ability to determine appropriate referrals referral and educational resources (traditional/cultural/spiritual/pastoral counseling, vocational/occupational counseling)				
Ability to contact and contract with other agencies, persons or groups, including those with different treatment philosophies				
Skill in interpreting to the client the referral resource and its function in relationship to the client's needs and problems				
Ability to follow-up to ensure client gets service from other providers				

Supervisor's Assessment Form (page 16 to 21) – Knowledge & Skills in the 12 core functions

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

Crisis Intervention	1	2	3	4
Knowledge and understanding of what constitutes a crisis and ability to recognize a client				

in crisis				
Knowledge of the principles of crisis intervention				
Ability to use effective verbal and non-verbal communication to deal with a client in crisis				
Capacity to develop and implement a plan for resolving a crisis				
Knowledge of counseling techniques for individuals in crisis in order to ensure safety and promote positive change				
Knowledge of community resources and supports that may assist in the management of the crisis				
Reports and Record Keeping	1	2	3	4
Knowledge of accepted principles of client record management				
Ability to prepare reports/records that comply with regulations				
Capacity to analyze and summarize information				
Knowledge of technologies in use for client records				
Ability to protect client rights to privacy and confidentiality in the preparation and handling of records				
Ability to record progress of client in relation to treatment goals				
Consultation With Other Professionals	1	2	3	4
Ability to gather information about client and client's treatment process to identify consultation needs				
knowledge of internal and external resources able to provide assistance in regards to client's needs				
Understand terminology, procedures, and roles of other disciplines related to the treatment of substance use disorders				
Respect and non-judgmental attitudes toward clients in all contacts with community professionals and agencies.				
Ability to summarize client's personal and cultural background, treatment plan, recovery progress, and problems inhibiting progress for purpose of assuring quality of care, gaining feedback, and planning changes in the course of treatment				

Other competencies required

Cultural Competencies	1	2	3	4
Knowledge of environmental and sociocultural aspects of addictions as they relate to First Nations.				
Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among First Nations families and communities.				
Knowledge and understanding of predominant culture, tribal customs, traditions of clients				
Ability to respect, implement and incorporate First Nations culture, beliefs, values and traditions in treatment, including separate and combined Sweat Ceremonies, Coming of Age Ceremonies and all other cultural/spiritual ceremonies.				
The ability to support and assist client participation in traditional and cultural aspects of spiritual recovery.				

Supervisor's Assessment Form (page 16 to 21) – Other competencies

Scoring key: 1=not sufficient yet; 2=adequate; 3=good; 4=excellent

Professional Responsibility/Integrity	1	2	3	4
The ability to know and take care of oneself (wellness plan)				

The ability to maintain a warm, compassionate, healthy and balanced relationship with clients				
The ability to be a role model with clients and peers (Code of ethics)				
Effectiveness in maintaining confidentiality of all records, materials and communications concerning the client.				
Ability to work under supervision and to cooperate with other personnel as well as function effectively with minimal supervision.				
Demonstrates genuine and authentic interest in supporting the addict in the recovery process and dedication to assist that individual to ultimately help themselves.				

COMMENTS: Do your responses need to be qualified in any way? Are there aspects of the Applicant's competence that deserve special mention?

ENDORSEMENT please comment on the following:

Moral Character _____

Professionalism: _____

Community Standing: _____

Volunteer activities: _____

Personal history of alcohol or other substance mis-use: _____

Commitment to helping alcohol/drug mis-users: _____

Name of Supervisor (please print): _____

ADDRESS _____
Street City

Province _____ Postal code TELEPHONE (____) _____

Signature: _____ Date: _____

GLOSSARY OF TERMS (Supervisor's endorsement)

Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

Commitment to helping alcohol/drug mis-users

State evidence that the applicant considers his/her involvement in the field as more than a “job”

Letter of Reference #1

In Support of Application for Certification as a Certified Indigenous Wellness/Addictions Worker

NAME OF APPLICANT: _____
To be filled in by applicant

The above-named individual has applied for certification as a Certified Indigenous Wellness/Addictions Worker with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of this applicant, the following information is requested. Please do not provide this information unless you have known the applicant personally for at least three years. A glossary of terms has been provided to assist you.

All information is confidential and the applicant has waived his/her right to inspect this letter or any other communications between you and the Board. **Please return the completed letter of reference in a sealed envelope to the applicant.** Failure to do so may jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (circle one of the items listed)

Friend Co-worker Supervisor Non-relative

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Professionalism _____

3. Community Standing _____

4. Non-Alcohol/Drug Related Activities _____

5. Volunteer Activities _____

6. Personal history of alcohol or other substance misuse (length of non-use) _____

Personal Letter of Reference #1 (ctnd)

7. Commitment to helping alcohol/drug mis-users _____

8. Other Remarks _____

Name of Referee _____ Please print
Address _____
City _____ Province _____ PC _____
Telephone (____) _____
Signature _____
Date: _____

Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.
Failure to do so may jeopardize the timely processing of this application.

GLOSSARY OF TERMS (letter of reference #1)

Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

Commitment to helping alcohol/drug mis-users

State evidence that the applicant considers his/her involvement in the field as more than a "job"

Personal Letter of Reference #2

In Support of Application for Certification as a Certified Indigenous Wellness/Addictions Worker

NAME OF APPLICANT: _____

To be filled in by applicant

The above-named individual has applied for certification as a Certified Indigenous Wellness/Addictions Worker with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of this applicant, the following information is requested. Please do not provide this information unless you have known the applicant personally for at least three years. A glossary of terms has been provided to assist you.

All information is confidential and the applicant has waived his/her right to inspect this letter or any other communications between you and the Board. **Please return the completed letter of reference in a sealed envelope to the applicant.** Failure to do so may jeopardize the timely processing of this application.

LENGTH OF TIME YOU HAVE KNOWN THE APPLICANT: _____

RELATIONSHIP TO THE APPLICANT (circle one of the items listed)

Friend

Co-worker

Supervisor

Non-relative

Please comment on the following characteristics regarding the applicant:

1. Moral Character _____

2. Community Standing _____

3. Family Relationships _____

4. Non-Alcohol/Drug Related Activities _____

5. Volunteer Activities _____

6. Personal history of alcohol or other substance misuse (length of non-use) _____

Personal Letter of Reference #2 (ctnd)

7. Commitment to helping alcohol/drug mis-users _____

8. Other Remarks _____

Name of Referee _____
Please print

Address _____

City _____ Province _____ PC _____

Telephone (____) _____

Signature _____

Date: _____

Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.
Failure to do so may jeopardize the timely processing of this application.

GLOSSARY OF TERMS (letter of reference #1)

Moral Character

Consider honesty, maintenance of healthy counselor-client relationships, the ability to determine right from wrong according to generally accepted community standards, and the example set for young people, clients, friends and co-workers

Professionalism

Consider work habits such as adherence to office hours, program policies and record maintenance as well as relationships with co-workers, other agency personnel, clients and community members

Community Standing

Consider community activities other than those involved with the field of alcoholism/drug addiction as well as leadership activities

Commitment to helping alcohol/drug mis-users

State evidence that the applicant considers his/her involvement in the field as more than a “job”

Consent Form

Consent for the release of information

I, _____, of _____
Print Name of Employee Print Name of Employer/Organization

hereby authorize and consent for the release of information or documentation pertaining to the certification application submitted to First Nations Wellness/Addictions Counsellor Certification Board to be released to persons that the FNWACCB need to consult for the purpose of certification, **except** to the persons/and or organisations named below (write a list of names of individuals or organisations you do not wish FNWACCB to release your information to):

If you authorize FNWACCB to release information as is needed, you can still choose to limit the information released. Place indicate below the information you do not wish to be released:

This consent for release of information may be withdrawn at any time by written request to the Certification Board and/or it will expire on the expiration date of your FNWACCB certification

Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____

Withdrawal of Consent Form

Withdrawal from the FNWACCB Directory of Certified Professionals

Certified members of FNWACCB (Certified Indigenous Wellness/Addictions Wellness Workers and Specialists) are automatically registered in the FNWACCB website directory of Certified Indigenous Wellness/Addictions Wellness Workers and Specialists. This registration may be withdrawn at any time. **Please use this form to inform FNWACCB that you wish to be withdrawn from its directory.**

I, _____, of _____
Print Name of Employee Print Name of Employer/Organization

wish to be withdrawn from the FNWACCB website directory of Certified Indigenous Wellness/Addictions Wellness Workers and Specialists.

Signature: _____ Date: _____

Personal Wellness Plan

Circle of Life

All **Indigenous Certified Wellness/Addictions Workers and Specialists** 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. _____

NEED MORE INFORMATION?

If you have questions or need more information, please contact:

Registrar, FNWACCB
#207 – 2735 east Hastings Street
Vancouver, BC
V5K 1Z8
Telephone: 604-874-7425
Toll free: 1-877-974-7425
Email: registrar@fnwaccb.ca
Website: www.fnwaccb.ca