



**First Nations Wellness/
Addictions Counsellor
Certification Board**

**CERTIFICATION
APPLICATION PACKAGE**



FNWACCB Contents of Certification Application Package

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Instructions for Completing this Application Package

Congratulations on taking this step to becoming a First Nations Wellness/Addictions Certified Counsellor (FNWACCB). 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 Certification Standards and Procedures Manual 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 AOA OAO

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.

Please read the Certification Standards and Procedures Manual carefully so that you are familiar with the requirements and obligations of certification.

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.

You are also responsible for informing the office of any future change of address.

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

Regards, 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. Please refer to the standards manual regarding FNWACCB's educational and employment requirements. If you require more information or assistance or contact the FNWACCB office at 604-874-7425, Toll Free 1-877-974-7425 or admin@fnwaccb.ca is our email.

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 _____
- Educational Background Form _____
- Employment History Form _____
- Employment Verification Form _____
- Current comprehensive Job Description _____
- Copy of your Education Certificate (GED, Certificate or Diploma studies, Bachelor or Masters) from your Educational institution _____
- Copy of your transcripts with the number of course hours for each course _____
- Copy of all certificates and hours for additional training/continuing education in the 12 core functions and/or in other addictions related training/continuing education _____
- Completed Personal Wellness Plan _____
- Criminal Record Check _____
- One (1) Letter of Personal Reference _____
- Two (2) Letters of Endorsement _____
- Supervisor's Evaluation Form _____
- Consent Form # 1: _____
- Consent Form # 2: _____
- \$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.

Submit the completed package to: Registrar, FNWACCB
 104 – 1037 West Broadway
 Vancouver, BC V6H 1E3



Personal Information

Date Submitted: _____

APPLICANT'S FULL NAME _____
First Middle Last

ALSO KNOWN AS _____

HOME ADDRESS _____
Street City Province Postal Code

HOME PHONE (____) _____ EMAIL ADDRESS _____

CURRENT EMPLOYER _____

BUSINESS ADDRESS _____
Street City Province Postal Code

BUSINESS PHONE (____) _____ EMAIL ADDRESS _____

CURRENT POSITION _____

NAME OF 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 Board and do accept full responsibility for any and all consequences of the process of seeking certification.

As an Indigenous Certified Addictions Specialist enrolled with FNWACCB, I agree to abide by and uphold the policies, procedures, code of ethics and decisions of the Board and its officers. As Indigenous Certified Addictions Specialists, 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: _____

Name of Applicant: _____

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 _____

Name of Applicant: _____

Date: _____

Employment Verification Form

To applicant: Please provide proof of employment as an addictions specialist 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:

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 continuous employment utilizing addictions counseling skills in a treatment environment.

Name of employing organization: _____

Address: _____ Telephone: _____

City: _____ Province/Territory: _____ Postal Code: _____

Name of Supervisor (Print): _____

Title of Supervisor: _____

Position of Applicant: _____ Employed from _____ to _____
month/day/year

Major Duties: _____

Percentage of time spent in:	Conducting Assessment _____%	Individual and Group Counselling _____%
	Case Management _____%,	Patient Education _____%
	Family Counselling _____%,	Other (details)%: _____%

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

1. Job Title: _____ Employed from _____ to _____
month/day/year

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

Signature of 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.

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

2. Job Title: _____ Employed from _____ to _____
month/day/year

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

Signature of Supervisor: _____ Date: _____

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

3. Job Title: _____ Employed from _____ to _____
month/day/year

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

Signature of Supervisor: _____ Date: _____

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

4. Job Title: _____ Employed from _____ to _____
month/day/year

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

Signature of Supervisor: _____ Date: _____

Name of Applicant: _____

Date: _____

Educational Background

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

A. Secondary Education: (check appropriate box)

High School Diploma

GED

B. Post Secondary Education: provide the information below for each degree, diploma or certificate you received from a Post Secondary Institution

1. (check appropriate box) Certificate Diploma Bachelor Degree Masters Degree

Name of University/College: _____

Name of certificate, diploma, degree: _____

Year certificate, diploma, degree was awarded: _____

2. (check appropriate box) Certificate Diploma Bachelor Degree Masters Degree

Name of University/College: _____

Name of certificate, diploma, degree: _____

Year certificate, diploma, degree was awarded: _____

3. (check appropriate box) Certificate Diploma Bachelor Degree Masters Degree

Name of University/College: _____

Name of certificate, diploma, degree: _____

Year certificate, diploma, degree was awarded: _____

Training/Continuing Education in Addiction Related Topics

Beside the training/education required in the 12 core functions, a person applying for FNWACCB certification must have taken training or continuing education courses in the following subjects*.

Please place a check mark () next to the subjects in which you have education or training.

	YES	NO
Introduction/Survey of Addictions	—	—
Pharmacology	—	—
Communication, including use of communication technology	—	—
Interviewing approaches and techniques	—	—
Ability to work as part of a team	—	—
Cultural knowledge	—	—
Conflict management	—	—
Family dynamics	—	—
Group facilitation	—	—
Counselling Theories	—	—
HIV/AIDS	—	—
FASD	—	—
Ethics	—	—
Residential School and generational impacts	—	—
Trauma	—	—
Grief work	—	—

*Training/education in these subjects can be part of the training/continuing education hours required for certification or part of the 40 additional hours of professional development required for recertification.

Please consult Annex 1. in the FNWACCB Standards and Procedures Certification Manual

Use section 'C' of the training/continuing education in addiction-related topics to indicate where you took courses or training for the topics you have marked.

Training/Continuing Education in Addiction Related Topics

In the section below and on the next page, provide information on any Addictions related courses, workshops, training events you have taken (please indicate course/workshops hours). 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 _____

Training/Continuing Education in Addiction Related Topics

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 _____

Copy this page if you require more space for the information.

Please provide copies of certificates of attendance or completion for the courses, workshops and training events you attended that you wish considered as part of this application.

Training and Experience in the 12 Core Functions

A person applying for FNWACCB certification must demonstrate 120 hours of educational courses or training in the 12 core functions. Please use the table below to provide the information.

Core Function	TRAINING/CONTINUING EDUCATION			EXTERNAL INSTITUTION		IN HOUSE TRAINING	
	Course Title	Date	Hours	Institution	Training agency	Presenter	
Screening							
Intake							
Orientation							
Assessment							
Treatment Planning							
Counselling							
Case Management							
Crisis Intervention							
Client Education							
Referral							
Report/Record keeping							
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.



Personal Wellness Plan

Circle of Life

All **Indigenous Certified Addictions 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.

 **Personal Wellness Plan**

My name: _____ Date: _____

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. _____

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.

Personal Letter of Reference

In Support of Application For Certification as an Indigenous Certified Addictions Specialist (ICAS)

NAME OF APPLICANT: _____

To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Certified Addictions Specialist 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 know the applicant personally. 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): _____

7. Other Remarks: _____

Name of Referee (please print) _____

ADDRESS _____
Street City Province Postal Code

TELEPHONE (____) _____

Signature: _____ Date: _____

Please return the completed letter of reference in a sealed envelope to the applicant. Thank you.



Glossary of Terms – Personal Letter of Reference

1. Moral Character:

consider honesty, maintenance of healthy counsellor-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.

2. Community Standing:

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

Letter of Endorsement #1

In Support of Application For Certification as an Indigenous Certified Addictions Specialist (ICAS)

NAME OF APPLICANT: _____

To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Certified Addictions Specialist with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of the applicant, the following information is requested. Please do not provide this information unless you do know the applicant personally and feel that you are in a position to accurately comment on the applicant's competency as an Addictions Counsellor.

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 endorsement 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 • Other

If other, please specify _____

Please comment on the following characteristics regarding the applicant:

*1. Moral Character: _____

*2. Professionalism: _____

*3. Community Standing: _____

* See Glossary attached for definitions.

***4.** Commitment to Helping First Nations Alcohol/Drug Misusers: _____

* See Glossary attached for definitions.

5. Skill and knowledge level:

a. Oral Communication Skills: _____

b. Written Communication Skills: _____

c. Understanding of human growth and development: _____

d. Ability to use First Nations values and culture in treatment: _____

e. Ability to work with groups: _____

f. Ability to use other community resources: _____

g. Ability to develop trust relationships with clients: _____

h. Ability to communicate about alcoholism and drug abuse: _____

i. Ability to work as a team member: _____

6. Personal history of alcohol or other substance misuse: _____

7. Other remarks: _____

Name of Endorser (please print): _____

ADDRESS _____
Street City Province Postal Code

TELEPHONE (____) _____

Signature: _____ Date: _____

Please return the completed letter of endorsement to the applicant in a sealed envelope. Thank you.



Glossary of Terms – Letter of Endorsement #1

1. Moral Character:

consider honesty, maintenance of healthy counsellor-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.

2. 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.

3. Community Standing:

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

4. Commitment to Helping First Nations Alcohol/Drug Misusers:

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

 **Letter of Endorsement #2 – To be completed by Applicant's Supervisor**

In Support of Application For Certification as an Indigenous Certified Addictions Specialist (ICAS).

NAME OF APPLICANT: _____

To be filled in by applicant

The above-named individual has applied for certification as an Indigenous Certified Addictions Specialist with the First Nations Wellness/Addictions Counsellor Certification Board. To assist the Board in its evaluation of the applicant, the following information is requested. Please do not provide this information unless you do know the applicant personally and feel that you are in a position to accurately comment on the applicant's competency as an Addictions Counsellor.

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 endorsement 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 • Other

If other, please specify _____

Please comment on the following characteristics regarding the applicant:

*1. Moral Character: _____

*2. Professionalism: _____

*3. Community Standing: _____

* See Glossary attached for definitions.

***4. Commitment to Helping First Nations Alcohol/Drug Misusers:** _____

* See Glossary attached for definitions.

5. Skill and knowledge level:

a. Oral Communication Skills: _____

b. Written Communication Skills: _____

c. Understanding of human growth and development: _____

d. Ability to use First Nations values and culture in treatment: _____

e. Ability to work with groups: _____

f. Ability to use other community resources: _____

g. Ability to develop trust relationships with clients: _____

h. Ability to communicate about alcoholism and drug abuse: _____

i. Ability to work as a team member: _____

6. Personal history of alcohol or other substance misuse: _____

7. Other remarks: _____

Name of Endorser (please print): _____

ADDRESS _____
Street City Province Postal Code

TELEPHONE (____) _____

Signature: _____ Date: _____

Please return the completed letter of endorsement to the applicant in a sealed envelope. Thank you.



Glossary of Terms – Letter of Endorsement #2

1. Moral Character:

consider honesty, maintenance of healthy counsellor-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.

2. 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.

3. Community Standing:

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

4. Commitment to Helping First Nations Alcohol/Drug Misusers:

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

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

NAME OF APPLICANT: _____

To be filled in by applicant

Dear Supervisor,

Completion of this form represents your personal appraisal of the applicant's skill level in the key areas of competency that we have identified as critical for someone who is a professional Indigenous Certified Addictions Specialist. 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 Circle the number that most accurately reflects the applicant's knowledge, skill or competency for each of the following items:

COMMUNICATIONS

WEAK ADEQUATE SUPERIOR

- | | | | |
|--|-------|---------|--------|
| 1. Oral (communicates effectively with clients, peers, resources). | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 2. Written: ability to prepare, maintain and disseminate in a timely manner reports that are accurate, clear, respectful and contain appropriate and relevant information. | 1 2 3 | 4 5 6 7 | 8 9 10 |

ADDICTIONS: KNOWLEDGE OF

- | | | | |
|---|-------|---------|--------|
| 3. Knowledge of existing and generational effects of drugs/alcohol and its impact and influence on relationships. | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 4. Pharmacological and physiological effects of alcohol on human body; relationship between alcohol level and behaviour; physiological mechanisms of chemical dependencies. | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 5. Psychological dependencies and complications, patterns of progression / regression, recovery, personal and social support for reconstruction. | 1 2 3 | 4 5 6 7 | 8 9 10 |
| 6. Sociocultural value and attitudinal systems relating to addictions, and alcohol and substance abuse, family, community, spiritual, industrial and legal ramifications amongst First Nations. | 1 2 3 | 4 5 6 7 | 8 9 10 |

ASSESSMENT & EVALUATION

	WEAK	ADEQUATE	SUPERIOR
7. Knowledge of human growth and development.	1 2 3	4 5 6 7	8 9 10
8. Knowledge of family dynamics and interactions, with particular emphasis on the unique differences among First Nations families and communities.	1 2 3	4 5 6 7	8 9 10
9. Knowledge of environmental and sociocultural aspects of addictions as they relate to First Nations.	1 2 3	4 5 6 7	8 9 10
10. Knowledge of early, middle and late signs and symptoms of addictions and/or polydrug abuse.	1 2 3	4 5 6 7	8 9 10
11. Knowledge of signs and symptoms of problems needing other medical/psychological and/or social assessment.	1 2 3	4 5 6 7	8 9 10
12. Knowledge of characteristics of family dysfunctions.	1 2 3	4 5 6 7	8 9 10
13. Ability to take a case history.	1 2 3	4 5 6 7	8 9 10

ANALYTICAL SKILLS

14. Ability to assess the stage of addiction of a client.	1 2 3	4 5 6 7	8 9 10
15. Knowledge of and skills in applying case history methodology.	1 2 3	4 5 6 7	8 9 10
16. Ability to select and apply appropriate treatment modalities.	1 2 3	4 5 6 7	8 9 10

CASE PLANNING

17. Ability to involve the client in the counselling/treatment process of planning individualized treatment, admission and discharge.	1 2 3	4 5 6 7	8 9 10
18. Skills in sharing evaluation findings with clients & their families and in working through their reactions and/or resistance to this evaluation.	1 2 3	4 5 6 7	8 9 10
19. Effectiveness in informing clients of legal rights.	1 2 3	4 5 6 7	8 9 10
20. Skills in assisting clients to accept and resolve financial responsibilities including acquiring financial knowledge and where appropriate paying for treatment and counselling.	1 2 3	4 5 6 7	8 9 10

REFERRAL SKILLS

21. Using appropriate methods of recruiting clients.	1 2 3	4 5 6 7	8 9 10
22. Effectiveness in mobilizing community resources.	1 2 3	4 5 6 7	8 9 10
23. Knowledge of and access to community support sources including their eligibility requirements, treatment philosophies, administrative contact and service procedures.	1 2 3	4 5 6 7	8 9 10

REFERRAL SKILLS (continued)

	WEAK	ADEQUATE	SUPERIOR
24. Skill in making referrals including contacts and contracts with other agencies, persons or groups, including those with different treatment modalities.	1 2 3	4 5 6 7	8 9 10
25. Ability to determine appropriate referral and educational resources	1 2 3	4 5 6 7	8 9 10
26. Skill in interpreting to the client the referral resource and its function in relationship to the client's needs and problems.	1 2 3	4 5 6 7	8 9 10
27. Ability to assist individuals and families with drug and alcohol related problems by referral to other types of counselling and services such as traditional cultural, spiritual or pastoral church counselling, public assistance and vocational or occupational counselling.	1 2 3	4 5 6 7	8 9 10
28. Follow-up to ensure client gets service from other providers.	1 2 3	4 5 6 7	8 9 10

COUNSELLING AND TREATMENT

29. Ability to establish and maintain a therapeutic relationship with the client.	1 2 3	4 5 6 7	8 9 10
30. Knowledge of and ability to use counselling techniques (e.g. educate, elicit feelings, facilitate self-understanding, motivation).	1 2 3	4 5 6 7	8 9 10
31. Effectiveness in helping the client with goal-setting, contracting, problem-solving.	1 2 3	4 5 6 7	8 9 10
32. Ability to recognize denial and defense behaviours and mechanisms.	1 2 3	4 5 6 7	8 9 10
33. Ability to locate and/or develop informational support systems.	1 2 3	4 5 6 7	8 9 10
34. Skills and effectiveness in individual counselling.	1 2 3	4 5 6 7	8 9 10
35. Skills and effectiveness in group counselling.	1 2 3	4 5 6 7	8 9 10
36. Knowledge of and ability to participate in various treatment processes.	1 2 3	4 5 6 7	8 9 10
37. Skill and effectiveness in counselling with spouse and family.	1 2 3	4 5 6 7	8 9 10
38. Ability to coordinate the client's continuum of treatment.	1 2 3	4 5 6 7	8 9 10
39. Familiarity with the philosophy and process of recognized and accepted self-help groups (e.g. Alcoholics Anonymous, Al-Anon, Gamblers Anonymous).	1 2 3	4 5 6 7	8 9 10
40. Knowledge and understanding of predominant culture, tribal customs and traditions of clients.	1 2 3	4 5 6 7	8 9 10
41. Ability to utilize native culture, values and traditions in treatment.	1 2 3	4 5 6 7	8 9 10
42. Ability to assist clients in the spiritual aspects of recovery.	1 2 3	4 5 6 7	8 9 10
43. Knowledge and application of long range rehabilitation processes.	1 2 3	4 5 6 7	8 9 10

