



CALL FOR PROPOSALS: ACCREDITATION OFFICER

Organization: Wah Pow Healing and Wellness Society (WPHWS)

Location: Beaver Lake Cree Nation, Treaty 6 Territory (Lac La Biche, AB)

Date of Issue: May 21, 2026

Closing Date: June 1, 2026

ORGANIZATIONAL OVERVIEW

The Wah Pow Healing and Wellness Society (WPHWS) is a federally incorporated non-profit organization overseeing the **Wah Pow Healing Lodge**. Located on the Beaver Lake Cree Nation, the Lodge has provided NNADAP-funded residential treatment since 1984.

Our mission is to provide a safe environment of holistic healing and wellness for **IYINIWAK** to return to **NEHIYAW PIMATISIWIN** through guidance and mentorship. We balance Indigenous healing practices with Western addiction modalities to address the root causes of trauma and dependency.

THE OPPORTUNITY

WPHWS is seeking a detail-oriented and experienced **Accreditation Officer**. This individual will serve as the primary "champion" for our accreditation journey, ensuring our holistic practices meet and exceed global health standards.

Term: 12–18 Months (Accreditation Cycle)

Reporting To: Executive Director

SCOPE OF WORK & DUTIES

The Accreditation Officer will lead the **Accreditation Journey** and manage the **12–18-month Primer program**. Key responsibilities include:

- **Standards Compliance:** Align lodge operations with Health Standards Organization (HSO) evidence-informed standards.
- **Digital Management:** Oversee the *OnboardQi* platform for self-assessments and the Client Portal for resource management.
- **Action Planning:** Develop and monitor the Quality Improvement Action Plan (QIAP) to address identified gaps.



- **Coordination:** Execute internal self-assessments within the first 4 months and organize "evidence of compliance" for all treatment modules.
- **Staff Training:** Educate team members on tracer methodology and quality protocols.
- **Liaison:** Facilitate on-site survey visits and provide quarterly progress reports to the Board of Directors.

ELIGIBILITY & QUALIFICATIONS

- **Education:** Degree in Health Administration, Social Work, or a related field.
- **Experience:** Documented experience with **Accreditation Canada** or **HSO** processes.
- **Clearances:** Must be willing to undergo a Criminal Record and Vulnerable Sector Check.
- **Personal Commitment:** Must be at least 18 years of age, addictions-free, and committed to the mission of WPHWS.
- **Working Conditions:** Flexible hours including evenings or weekends. Virtual work with some site visits to Wah Pow Healing Lodge.

SUBMISSION REQUIREMENTS

Interested candidates must submit the following:

1. **Cover Letter:** Outlining specific experience with quality improvement.
2. **Current Resume:** Including three (3) professional references.
3. **Certifications:** Copies of relevant credentials (e.g., Accreditation Coordinator Certificate).
4. **Completed Application Form:** (See attached form below).



HOW TO APPLY

Please submit your complete proposal via email, fax, or mail to:

Corinne Lewis-Coutre, Executive Director

Wah Pow Healing Lodge

Box 1648, Lac la Biche, Alberta T0A 2C0

Email: Executive.Director@wahpow.ca

Fax: 780-623-4523

Phone (Inquiries): 780-623-2553

Deadline for Submission: June 1, 2026

Final Notification: The successful nominee will be notified by **June 8, 2026**.

The WPHWS Board of Directors thanks all applicants for their interest; however, only those selected for an interview will be contacted.



APPLICATION

Contact Information

- Name: _____ Phone: _____
- Email: _____ Address: _____

Professional Background (Up to 5 Years)

Please list experience in health administration, quality assurance, or accreditation:

Indigenous Health Experience

Please list experience working within Indigenous health or community wellness:

Skills Inventory (Check all that apply)

- Quality Improvement | Policy Writing | Risk Management
- Data Analysis | HSO Standards | Project Management
- OnboardQi | Internal Auditing | Indigenous Healing Models

Sign-Off

I confirm my availability for the 12–18 month timeline and agree to the required background checks.

Signature: _____ **Date:** _____