

**APPLICATION FORM
 for the designation
 Qualified Mediator (Family) / Q.Med(Fam)**

Complete this application and submit with attachments to your Affiliate's Regional Accreditation Committee (RAC).

If you wish to type in the document, ensure you have saved it to your computer before you start and again after you have completed, then print or email it to us. You will require Adobe Reader, available here: <http://get.adobe.com/reader/>

Name of Applicant _____

Email _____ Telephone _____

Required: I am a **FULL** member in good standing of the ADR Institute of Canada via one of its Affiliates:

No Yes Which Affiliate: _____

I. EDUCATIONAL REQUIREMENTS

Total 140 hours of ADRIC-Accredited training comprised of:

- a) Minimum 40 hours of basic mediation training and
- b) Minimum 100 hours of specialized mediation and related training including a minimum of 80 hours specialized Family Mediation training

- a) **Basic Mediation Training (Required):** Completion of no less than 40 hours (one or two ADRIC-Accredited courses spanning five days).

Training must cover all of the following areas:

- Interest-based Mediation Process and Skills
- Conflict Resolution
- Negotiation
- Communication Skills

Courses/Degrees/ Certificates	Year Completed or Granted	Institution Name	Number of Hours	Location
Include copies of certificates, course grade reports or other proof of educational requirements with this application.				

b) **Specialized Mediation and Related Training (Required):** An additional 100 hours of ADRIAC-Accredited specialized training which must include a minimum of 80 hours specialized Family Mediation training in the following:

- 21 hours – dynamics in separation and divorce including:
 - parenting plans
 - family dynamics
 - emotional impact of separation & divorce
 - impact on children
 - managing power
 - case development
- 28 hours legal and financial issues in separation and divorce
 - Child support, division of property and spousal support
 - Understanding the legislation, regulations and guidelines governing separation and divorce
- 7 hours drafting summaries and memorandum of understanding (including both parenting plans and financial issues)
- 14 hours family violence and Intimate Partner Violence training that encompasses understanding risk factors in separation and divorce and safety screening
- 7 hours ethical issues in mediation

Additional beneficial training (over the minimum 80 hours specialized Family Mediation training above) may include:

- Advanced Mediation
- Ethics in Dispute Resolution
- Multiparty Negotiation Strategies
- How to Start a Mediation Business
- Designing Systems for Conflict Management in Organizations
- Arb/Med – Med/Arb: When and How to Use Them
- Mediation: Case Development
- Influence of Culture on Conflict Resolution Approaches
- Resolving Difficult Workplace Issues

No. of Parties	Brief (~250 words) Description of the Issues Mediated (use separate sheet if necessary)	Date	Paid or Unpaid?	Duration	Solo or Co-Med*

*I, _____, C.Med, attest to the two co-mediations noted above.

Signature: _____ (or the C.Med has signed the attached descriptions)

c) Skills Assessment

One practice family mediation with an Affiliate-Approved Supervisor/Assessor (*Note: The Supervisor/Assessor must send the completed Assessment form to the RAC*)

III. COMMITMENT TO CONTINUING EDUCATION and ENGAGEMENT

If awarded the Q.Med(Fam) designation I understand that I am required to accumulate and submit a report of a minimum of 20 CEE points (via activities outlined in the CEE Point System including at least 6 points related specifically to Separation & Divorce dispute resolution) by December 31st of each year.

IV. INSURANCE

I understand that as a self employed Q.Med(Fam), I must maintain a minimum of \$1million Errors and Omissions Insurance that specifically covers my mediation practice. I have signed the Declaration of Insurance form, indicating that I have such Insurance or have checked the appropriate box for an exemption of the requirement. I agree to notify the Institute immediately should I discontinue or cancel such insurance.

V. CONSENT

By signing and submitting this form I understand and consent to members of the applicable RAC and the Board of Directors of the ADR Institute of Canada reviewing my application and supporting documents.

VI. PLEDGE

I understand that I am required to maintain my Full membership in good standing of a regional affiliate of the ADR Institute of Canada.

As a Qualified Mediator (Family), I pledge to comply with the Code of Ethics of the ADR Institute of Canada. I understand and that a violation of the Code of Ethics could result in the revocation of my designation.

I understand that if my application assessment is successful, my regional affiliate will forward my application to ADRI with a recommendation for approval. On ADRI's approval, the first year's annual designation dues will be immediately payable (prorated if applicable) before the certificate is sent and my member profile updated.

I further understand that in addition to membership dues payable to my Regional Affiliate, an annual designation fee (established from time to time by the Board of Directors) are payable to ADRI every January to maintain my designation once granted.

I certify that the information provided herein is complete and accurate, and that to the best of my knowledge, I am qualified for the designation of Qualified Mediator (Family).

Date: _____

Name (print): _____

Signature: _____

INSURANCE DECLARATION

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires active Chartered Mediators, Chartered Arbitrators, Qualified Mediators and Qualified Arbitrators to provide proof of a minimum of \$1 million insurance coverage for their protection and for the protection of those for whom they provide services.

I hereby declare that:

- I have errors and omissions insurance that covers me for all mediation and arbitration activities with a minimum limit of \$1 million dollars. I agree to provide proof of current coverage immediately upon request. (I acknowledge that ADRIC runs a spot audit program that randomly requires that I provide proof of current coverage immediately upon request.)
- I am insured under the ADRIC Insurance Program:
Other (specify) _____
- I act as an Arbitrator and/or Mediator for my employer only and do not perform arbitrations or mediations outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as an arbitrator or mediator other than within my employment.
- I am fully retired and no longer conduct arbitrations or mediations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting any arbitration or mediation.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Professional Association Insurance Coverage

Important note: If you are a member of a professional organization, you cannot assume that your organization's insurance covers you as an ADR practitioner.

QUALIFIED MEDIATOR (Family)

Application Form Checklist

BEFORE SUBMITTING YOUR APPLICATION:

Attach this checklist to the front of your application and tick boxes to confirm all information, documents etc, are included with your application. DO NOT SEND if any information is missing. Incomplete applications will be returned to the applicant.

- Documentation of minimum 40 hours basic mediation training. Copies of certificates, etc are attached.
- Documentation of minimum 100 hours of other specialized mediation and related training. Copies of certificates, etc are attached.
- Description of my minimum two years of experience working with families in a context related to mediation attached.
- Description of the two family mediations (or co-mediations with C.Med attestation)
- Supervised / Assessed practice family mediation form has been sent to my RAC
- Completed and signed "Declaration of Insurance" form.
- I have completed my profile via the Member Portal (<http://adric.ca/about-adr/affiliates/>) including bio, and areas of practice, etc.
- I have paid the Application Filing Fee.
- The application is typed or written legibly and is organized as required. (Your application must be provided in legible form and with all attachments clearly labeled as directed in this application form.)
- To maintain my designation, I understand that ADRIC will levy **annual designation fee** beginning at the time my designation is awarded. **This fee is not related to membership fees.**