

**APPLICATION FORM
 for the designation
 QUALIFIED MEDIATOR (Q.Med)**

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/>

I REQUIRED INFORMATION

1. Applicant

Name	
Organization	
Address	
Telephone	
Fax	
Email	

2. Are you a mediator in good standing of the ADR Institute of Canada?

No Yes

II Educational Requirements

- 3. Completion of a minimum of conflict resolution training broken down as follows:**
- a) **Basic Mediation Training: Completion of no less than 5 full days (approximately 40 hours) of mediation training (one or two courses spanning five days). Training must cover ALL of the following areas:**

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

With this application, Candidates must submit copies of certificates or course grade reports or other proof of educational requirements.

Courses/Degrees/ Certificates	Year Completed or Granted	Institution Name	Number of Hours	Location

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(b) Specialized Mediation and Related Training: An additional five days (approximately 40 hours) of training covering appropriate topics as set out below. This training may comprise smaller, more specialized days of training of any reasonable and appropriate length.

Courses may include but are not limited to the following:

- 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**

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Courses/Degrees/ Certificates	Year Completed/ Granted	Institution Name	Number of Hours	Location

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III Mediation Experience Requirements (attach additional pages as necessary)

To qualify, you must have conducted:

two (2) supervised and assessed practice mediations or
two (2) actual mediations, paid or unpaid.

Please list mediations (below) performed, completed mediations and co-mediations, paid or unpaid. **Please provide a detailed description (no more than 250 words) of the two (2) mediations conducted – both of which must be as a solo mediator.** If supervised and assessed practice mediations are used, the assessor must complete a supervised practice assessment form.

No. of Parties	Brief Description of the Issues Mediated (use separate sheet if necessary)	Date	Paid or unpaid	Duration	Solo/Co-Med.

IV Alternative Qualifications

In exceptional circumstances, candidates for the Q.Med designation who do not meet the required qualifications may submit their relevant education, training and experience to the ADR Institute Qualified Mediator Accreditation Committee for review. While a Skills Assessment is not required for the Q.Med designation, ADRIC reserves the right to require one at its discretion.

V Continuing Practice Commitment

I understand that candidates who seek to maintain the Q.Med designation are required to have completed and documented 3 actual mediations, paid or unpaid, either solo or co-mediated,

within 3 years of the designation being awarded. This number includes any actual mediations completed when you first applied for Q.Med.

I undertake to provide the ADR Institute/affiliate with a status report as to this practice commitment within 3 years from the date the designation is awarded.

VI Commitment to Continuing Education

I understand that I am required to accumulate 60 Continuing Education points within three years of being awarded the Q.Med designation as per the point system approved for Q.Med Continuing Education.

I understand that I am required to provide the ADRIC with a continuing education status report within 3 years of being awarded the Q.Med designation.

VII Consent

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

VIII PLEDGE

As a Q.Med, I pledge to comply with the Code of Ethics of the ADR Institute of Canada.

I understand that a violation of the Code of Ethics could result in the revocation of my Q.Med designation, my membership in the ADR Institute of Canada and my membership in the ADR Institute of Canada.

I further understand that an annual fee, established from time to time by the Board of Directors, will be levied by the affiliate and/or national to maintain my membership and the Qualified Mediator designation once granted.

I understand that as a self employed Q.Med I must maintain a minimum \$1million insurance coverage that specifically covers my mediation practice. I understand that I must submit evidence of applicable professional liability insurance coverage to the Institute. I agree to notify the Institute immediately should I discontinue or cancel such insurance.

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.

Date: _____

Name (print): _____

Signature: _____

Chartered and Qualified Designations Credit Card Payment Form for ADRIC Designation Annual Maintenance Fee

Please use this form to remit your first annual designation dues, when your application has been approved. Please note: The Certificate will not be issued and your Member Profile will not indicate your new status until payment is received in full.

Charge my credit card for the annual fee for the following:

- C.Med \$178.00 plus applicable taxes
- C.Arb \$178.00 plus applicable taxes
- Q.Med \$ 99.00 plus applicable taxes
- Q.Arb \$ 99.00 plus applicable taxes

Payment: VISA MasterCard AmEx Cheque (*attach*)

Credit Card Number	3 Digital Security Code	Expiry Date
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Signature _____

If paying by cheque, please make payable to ADR Institute of Canada.

Thank you.

- Your designation needs to be renewed annually; you will receive an email message in January of every year reminding you to remit the fee via your Member Portal.
- In three years from the date you receive your certificate, and every three years thereafter, you will be required to submit a CEE report with filing fee (see website) indicating that you have accumulated the required number of Continuing Education points (100 for C.Med; 60 for Q.Med; Arbitration designations levels to be set in 2016)

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 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 a mediator or arbitrator other than within my employment.
- I am retired and no longer conduct mediations or arbitrations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting an arbitration or mediation.

NAME: _____

ADDRESS: _____

TELEPHONE: _____

E-MAIL: _____

SIGNATURE: _____

DATE: _____

Professional Association Insurance Coverage

If you are a member of a professional organization, you cannot assume that the insurance the organization has covers you as an ADR practitioner.