

**APPLICATION FORM
 for the designation
 CHARTERED ARBITRATOR (C.Arb)**

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 it, then print or email it to us. You will require Adobe Reader, available here: <http://get.adobe.com/reader/>

Please note the following:

- You must be a member in good standing of a Regional Affiliate of the ADR Institute of Canada (ADRIC) to apply for the Chartered Arbitrator (C.Arb) designation.
- Your application will not be processed until your application filing fee has been received. Please contact your regional affiliate for the appropriate fee.
- Your application must be provided with all attachments clearly labeled as directed in this application form.
- Incomplete applications will not be processed.

I. REQUIRED INFORMATION

a. Applicant

Name _____

Mailing Address _____

Bus Tel: _____ Bus Fax _____

E-mail: _____ Mobile: _____

Home Tel: _____

Occupation _____

b. Of which Regional Affiliate are you a member in good standing?

II. FORMAL EDUCATION

Degrees/ Certificates	Year Granted	Institution Name	Location

If you require more space, please provide as ATTACHMENT II

III. EMPLOYMENT

Please outline your employment for the past 10 years, listing employers, dates and type of employment.

Employer	Date	Type of Employment

If you require more space, please provide as ATTACHMENT III

IV. ARBITRATION EDUCATION

a. Arbitration Training (minimum 40 hours)

- b. To qualify for the C.Arb designation, you must have successfully completed a course of study of 40 hours or more in arbitration and hearing procedure approved by ADRIIC or one of its Regional Affiliates. For a list of approved courses please see: <http://adric.ca/adric-accredited-courses/>
- c. Provide details of all your arbitration training, including any training in excess of the 40 hour minimum requirement.
- d. You must submit copies of certificates or course grade reports or other proof of educational requirements with this application. **Please attach these documents as Attachment IV (d).**

If you wish to have a course that is not listed above approved, please contact your Regional Affiliate for further information.

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

If you require more space to complete this section please provide as part of ATTACHMENT IV (c)

e. Written Examination

You must have successfully completed a written examination relating to a course approved by ADRIC or one of its Regional Affiliates within the last 10 years. Please provide the following information:

Name of Course	Approving Affiliate	Instructor	Year of Completion

If you require more space to complete this section please provide as ATTACHMENT IV (b)

V. ARBITRATION EXPERIENCE

Please list and give specifics regarding at least 10 fee-paid arbitrations¹

	No. of Parties	Issues Arbitrated	Hearing Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If you require more space to complete this section please provide as ATTACHMENT V

VI. ARBITRATION AWARDS

Please provide at least 2 awards, redacted to remove personal or confidential information, as **ATTACHMENT VI.**

¹ A "paid" arbitration is an arbitration where the arbitrator receives a salary, payment or reasonable honorarium specifically for arbitration services. The amount received by the arbitrator is not subject to any specific minimum amount, provided it is a legitimate and reasonable amount in the context within which the arbitration took place. In exceptional circumstances described in writing, where an unpaid arbitration is demonstrably complex and involved, the Regional Committee may, at its discretion, accept an unpaid arbitration as counting toward the total of 10 arbitrations required.

You must clearly have been the lead arbitrator or chairperson, not simply a co-arbitrator.

- c) Are you certified, accredited, or chartered as an arbitrator by any other organization? If so, please list below.

Organization	Date of Accreditation

- d) If you have previously applied for a C.Arb designation, please provide the date and the Regional Affiliate through which you applied.

IX. ONGOING COMMITMENTS

I acknowledge all of the following ongoing commitments as obligations of a member holding the C.Arb designation:

a. Continuing Education and Engagement

I am required to accumulate a required number of Continuing Education and Engagement points within three years of being awarded the C.Arb designation, and every three years thereafter, in accordance with the requirements of the Continuing Education and Engagement Program.

I am required to provide a report of points earned by returning the appropriate reporting form, with payment, within 3 years of being awarded the C.Arb designation and every three years thereafter.

b. Membership

I am required to maintain my membership in good standing of a Regional Affiliate of ADRIIC including payment of the required registration fee.

c. Insurance

I will be required to sign and submit the Declaration of Insurance form, indicating that I have Errors and Omissions Insurance with a limit of at least \$1 million aggregate or check the appropriate box for an exemption of the requirement. If I discontinue the insurance, I will notify ADRIIC immediately.

The "Declaration of Insurance" relating to practice as an ADR professional must be provided to ADRIIC within 30 days of being notified that the designation has been granted.

d. Annual Designation Renewal

The C.Arb designation must be renewed annually by payment of the required fee. This is in addition to the annual membership fee.

e. Compliance with Ongoing Requirements

Failure to comply with ongoing ADRIIC requirements constitutes grounds for suspension or cancellation of the C.Arb designation.

X. CONSENT

By signing and submitting this form, I consent to the information and supporting documentation relating to this application being disclosed to:

- The Regional Committee
- The Board of Directors of the relevant Regional Affiliate
- The National Committee
- The Board of Directors of the ADRIIC

XI. PLEDGE

I pledge to comply with the Code of Ethics of the ADR Institute Canada and I acknowledge that a violation of the Code of Ethics could result in the revocation of my C.Arb designation.

I understand that if my application assessment is successful, my regional affiliate will forward my application to ADRIIC with a recommendation for approval. On ADRIIC'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 ADRIIC every January to maintain my Qualified Mediator 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 C.Arb.

Date: _____

Name (print): _____

Signature: _____

DECLARATION OF INSURANCE

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires active Chartered Mediators and Chartered 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 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.

CHARTERED ARBITRATOR Application Form Checklist

BEFORE SUBMITTING YOUR APPLICATION:

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

- I am a member in good standing of the ADR Institute of Canada through one of the seven affiliates.
- Completion of a 40 hour arbitration course (exam included), approved by ADRIAC. Please attach copy of certificate.
- Brief description included of 10 fee-paid arbitrations
- Two copies of arbitration awards
- Are you applying under "Longevity of Practice"?
- Signed copy of the "Declaration of Insurance" form.
- Complete your profile in your Member Portal with your bio, resume and areas of practice etc. (Your application will not be processed unless your profile is complete.)
- Application Filing Fee. Please see Pg. 8 to provide your credit card info. (If paying by cheque, your application will be processed after cheque clears.)
- 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.)
- I understand that the Regional C.Arb Accreditation Committee will schedule an **Interview** once the application passes the paper review.
- The ADR Institute of Canada will levy an annual charge, beginning at the time the designation is approved. **Please be aware that this fee is not related to membership fees (regional or national).**