

**APPLICATION FORM
for the designation
QUALIFIED ARBITRATOR (Q.Arb)**

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 Qualified Arbitrator (Q.Arb) designation.
- Submit your application to your Regional Affiliate.
- Your application will not be processed until your application fee has been received. Contact your Regional Affiliate for the Q.Arb application 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. ARBITRATION EDUCATION

a. Arbitration Training (minimum 40 hours)

To qualify for the Q.Arb designation, you must have successfully completed a course of study of 40 hours or more in arbitration and hearing procedure approved by ADRIC or one of its Regional Affiliates.

For a list of approved courses go to: <http://adric.ca/adric-accredited-courses/>

Provide details of all your arbitration training, including any training in excess of the 40 hour minimum requirement.

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 II (a).**

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 II (a)

b. Written Examination

You must have successfully completed a written examination relating to a course approved by ADRIIC 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 part of ATTACHMENT II (a)

III. ONGOING COMMITMENTS

I acknowledge all of the following ongoing commitments as obligations of a member holding the Q.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 Q.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 Q.Arb designation and every three years thereafter.

b. Membership

I acknowledge that I am required to maintain my membership in good standing of a Regional Affiliate of ADRIIC.

c. Insurance

I will be required annually to provide proof of professional liability insurance of at least \$1,000,000 per claim.

Proof of insurance specifically relating to practice as an ADR professional must be provided within 30 days of being notified that the designation has been granted.

d. Annual Designation Renewal

The Q.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 requirements constitutes grounds for suspension or cancellation of the Q.Arb designation.

IV. CONSENT

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

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

V. PLEDGE

I pledge to comply with the Code of Ethics of the ADR Institute of Canada and

I acknowledge that a violation of the Code of Ethics could result in the revocation of my Q.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 Arbitrator 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 Q.Arb.

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 ADRIIC 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.

Qualified Arbitrator (Q.Arb) Application 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.

- I am a Member in good standing of the ADR Institute of Canada through one of the regional affiliates.
- Copy of Arbitration Course Certificate (40 hours or more)
- Confirmation of written examination related to the above Arbitration Course approved by ADRIC or one of its Affiliates
- Insurance Declaration (signed)
- One-page Bio
- Application Filing Fee
- My 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 an annual charge beginning at the time my designation is awarded. **This fee is not related to regional/national membership fees.**