

**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**

1. 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


**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, ADRIIC 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. 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 with the appropriate filing fee.

#### **VII. 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. 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: \_\_\_\_\_

## 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.