

**APPLICATION FORM
for the designation
CHARTERED MED-ARBITRATOR (C.Med-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 ensure the application is provided in legible form with all attachments clearly labeled as directed in this form.)

Please note the following:

- You must be a member in good standing of a Regional Affiliate of the ADR Institute of Canada (ADRIC) and hold both the Chartered Mediator and Chartered Arbitrator designations to apply for the Chartered Med-Arbitrator (C.Med-Arb) designation.
- This Application is to be submitted to your Affiliate's Regional Assessment Committee (RAC).
- If recommended and awarded the designation, the annual fee (prorated) will immediately apply. Certificate and profile update will not be processed until fee has been received.
- You will be required to continue to submit a Continuing Education and Engagement (CEE) report for your Chartered Mediator and Chartered Arbitrator designations, take part in a refresher Med-Arb course or training, conduct at least one Med-Arb and submit a report along with required certificates and filing fee every three years or as amended from time to time. (For rates see <http://adric.ca/resources/professional-designations/continuing-education-engagement/>)
- Your application must be provided with all attachments clearly labeled as directed in this form. Incomplete applications will not be processed.

I. REQUIRED INFORMATION

a. Applicant

Name _____

Mailing Address _____

Bus Tel: _____ Bus Fax _____

Email: _____ Mobile: _____

Home Tel: _____

Occupation _____

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

II. PRE-REQUISITES

a. ADRIC Chartered Mediator (C.Med)

- Yes No

Please provide certificate number or year received: _____

b. ADRIC Chartered Arbitrator (C.Arb)

- Yes No

Please provide certificate number or year received: _____

III. My profile in ADR Connect (via my ADRIC Member Portal) is complete including my bio, resume and areas of practice, etc. (Your application will not be processed unless your profile is complete.)

- Yes No

IV. MED-ARBITRATION EDUCATION

c. Completion of 16 hours of ADRIC Accredited Med-Arb training course¹

- Training Program: _____
- Instructor: _____
- Date of Program: _____
- Number of instructional hours in the program: _____

V. Please list any Med-Arb cases you have handled in the past 10 years?

#	Type of Case (Family, Commercial)

¹ The ADRIC Med-Arb training course (coming soon) or an ADRIC Accredited training course would cover Med-Arb agreements, other forms of combining mediation and arbitration, one-person and 2-person models (advantages and disadvantages), preserving Natural Justice, transitioning between mediation and arbitration, ethical issues in Med-Arb, Med-Arb awards, Med-Arb simulation, video-conference Med-Arb, post Med-Arb corrections, reviews and approvals.

VI. OTHER INFORMATION

- a) Please list all dispute resolution organizations of which you are a member and the date of admission.

Organization	Date of Admission

- b) Do you hold any other dispute resolution certifications/designations? Please list below.

Organization	Date of Accreditation

VII. ONGOING COMMITMENTS

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

a. Membership

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

b. Insurance

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

c. Annual Designation Renewal

The C.Med-Arb designation must be renewed annually along with your C.Med and C.Arb by payment of the required fees. This is in addition to the annual membership fee.

d. Continuing Education and Engagement

I am required to meet the C.Med-Arb Continuing Education and Engagement Criteria within three years of being awarded the C.Med-Arb designation, and every three years thereafter, in accordance with the requirements of the Continuing Education and Engagement Program, and provide the relevant forms, certificates and documents.

e. Compliance with Ongoing Requirements

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

VIII. CONSENT

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

- The Regional Assessment Committee (RAC)
- The Board of Directors of the relevant Regional Affiliate
- The Designations Committee
- The Board of Directors of the ADRIIC

IX. 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 ADRIIC designations.

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) is payable to ADRIIC every January to maintain my Chartered Med-Arb designation once granted and that I must submit CEE reports and any associated fees on a regular basis as described above.

I certify that the information provided herein is complete and accurate and that, to the best of my knowledge, I am competent for the designation of C.Med-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 , Chartered Arbitrators and Chartered Med-Arbitrators to provide proof of a minimum of \$1 million professional liability 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 a Mediator and/or Arbitrator and/or Med-Arbitrator for my employer only and do not perform mediations, arbitrations or med-arbitration outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as a mediator, arbitrator or med-arbitration other than within my employment.
- I am retired and no longer conduct mediations, arbitrations or med-arbitrations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting a mediation, arbitration or med-arbitrations .

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. Please review the policy to ensure you are covered.

CHARTERED MED-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.
- I have included my ADRIC C.Med designation certificate number or date received
- I have included my ADRIC C.Arb designation certificate number or date received
- Completion of 16 hours of ADRIC Med-Arb training course. Please attach copies of certificates.
- Signed copy of the "Declaration of Insurance" form.
- My profile in ADR Connect (via my ADRIC Member Portal) is complete with my bio, resume and areas of practice etc. (Your application will not be processed unless your profile is complete.)
- Application Filing Fee.
- The ADR Institute of Canada will levy an annual charge, beginning at the time the designation is approved.