

APPLICATION FORM for the designation CHARTERED MEDIATOR

Please note the following:

- You must be a full member in good standing of a Regional Affiliate of the ADR Institute of Canada to apply to be a Chartered Mediator and must maintain membership to retain the designation.
- Applications for the C.Med are to be submitted to your Regional Affiliate, along with the application fee. Once this is received, your application will be processed and you will be contacted regarding the skills assessment.
- You will be required to sign and submit the Declaration of Insurance form, indicating that you 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 approved for the designation, the recommendation of the Regional Committee will be sent to ADRI. Upon confirmation by ADRI, the annual designation maintenance fee will be immediately due (prorated if applicable). Thereafter the annual designation dues are payable every January.
- Designated members are required to submit a Continuing Education and Engagement (CEE) report annually(see <https://adric.ca/professional-designations/continuing-education-engagement/>).
- If you have completed a skills assessment in your Region prior to submitting this application form, please indicate below.
- Your application must be provided in legible form and 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 _____

Tel.: _____ Fax: _____

E-mail: _____

Primary Occupation _____

b. I am a full member in good standing of an affiliate of the ADR Institute of Canada and my profile on ADR Connect is complete, including a short biography. Your profile or portions of it may be made private if you prefer. (Note: an uploaded current resume is recommended, but optional).

No Yes

Please specify your
 Regional Affiliate: _____

I have have not completed a skills assessment in my Region.

c. Please attach a one page biographical outline to your application marked ATTACHMENT I (c)

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. MEDIATION EDUCATION

a. MEDIATION TRAINING (minimum 80 hours)

List and describe the training (program, instructor, duration, date) which you have taken in mediation theory and skills. Please attach evidence of completion of these programs, such as certificates, diplomas, etc. For each training, please provide the following information:

- Training Program; Instructor; Date of Program
- Number of hours of instructional time in the program

Please provide this information as ATTACHMENT IV (a)

AND

b. RELATED STUDY (minimum 100 hours)

List and describe completion of 100 hours of training that is clearly related to mediation or dispute resolution. Generally, the following areas qualify: psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication skills, and conflict management. Specific substantive areas such as law, social work, facilitation skills, etc., *may* qualify if they are demonstrated to be related to mediation, or alternative dispute resolution as it relates to the mediation process. For example, law school courses specific do dispute resolution, such as Negotiation Skills, would be considered “related”, whereas courses on constitutional law would likely not qualify.

It will remain the responsibility of the applicant to establish how any courses being proposed qualify as being clearly related to dispute resolution or mediation. Please attach evidence of completion of these programs, such as certificates, diplomas, etc.

Please include the following information for each training you are submitting:

- Program, Instructor, Date
- Number of hours of instructional time in the program
- Specifically how this training is “related to dispute resolution and mediation”.

Please provide as ATTACHMENT IV (b)

V. MEDIATION EXPERIENCE

- a) Please list and give specifics regarding at least **15 paid mediations**¹ at which you were either the sole mediator or the lead mediator in a co-mediation. For each mediation,

¹ A “mediation” is a discreet event contracted for by the parties. A situation where a person helps two subordinates resolve a conflict is not considered a mediation. However, if the full or part time duties of an applicant specifically include the conducting of structured mediations, these would count toward the C.Med. Where a person is conducting mediations with staff members who do not report to that person, these may count as mediations provided the person was specifically identified as an impartial mediator, and the mediation was structured and conducted as a mediation, not as an informal meeting to resolve a problem.

please include: number of parties, issues mediated, duration of mediation, whether you were the sole mediator or lead mediator in a co-mediation.

Number	No. of Parties	Issues Mediated	Duration	Sole/Co-Med

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

In addition, please provide a summary of your mediation practice including:

- i length of time (years) mediating, identified as full or part time;
- ii number of hours per month or percentage of your time currently engaged as a mediator;
- iii total number of cases mediated (estimate);
- iv type of practice, typical type of case, etc.

The applicant must clearly have been the lead mediator or chairperson, not simply a co-mediator. While there is no hard and fast determination, criteria for being lead mediator in a co-mediation may include some of the following indicators:

- The applicant chaired the mediation;
- The applicant took a primary role in running the session;
- The applicant organized the process during the mediation by actively guiding the discussions, delegating time to the other mediator and/or the parties, and having primary voice during the session;

It will be the responsibility of the applicant to describe and establish that they were the lead mediator in a co-mediation for it to count toward the required number of mediations."

A "paid mediation" is a mediation where the mediator receives a salary, payment or reasonable honorarium specifically for mediation services. The amount received by the mediator is not subject to any specific minimum amount, provided it is a legitimate and reasonable amount in the context within which the mediation took place. In exceptional circumstances described in writing, where an un-paid mediation is demonstrably complex and involved, the RAC may, at its discretion, accept an unpaid mediation toward the total of 15.

b) State areas of specialization, if any, and the area in which you perform most of your mediations – for example - commercial, insurance, labour, family, construction or other.

c) Are you certified, accredited, or chartered as a mediator elsewhere? If so, where?

Organization/Accreditation	Date of Admission

VI. SKILLS ASSESSMENT

- a. When are you available for a skills assessment?
 _____ N/A
- b. If you have already completed a Skills Assessment, please indicate date Assessment completed. (Provide a copy of your Skills Assessment as Attachment)

- c. Have you previously applied for a Chartered Mediator designation?
 No Yes
 If yes, when? _____

VII. OTHER INFORMATION

- a) Please provide any other information that supports your application as **ATTACHMENT VII.**
- b) Please list all dispute resolution organizations of which you are a member and the date of admission.

VIII. COMMITMENT TO CONTINUING EDUCATION & ENGAGEMENT (CEE)

I understand that I am required to accumulate **33** Continuing Education & Engagement points every year after being awarded the C.Med designation through activities outlined in the ADRI CEE point system, and to provide ADRI C with a CEE activities report by December 31st each year..

I commit to the Continuing Education requirements:

- No Yes

IX. CONSENT

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

- Members of your Regional Assessment Committee (RAC)
- Members of your Regional Board of Directors
- Members of the Mediation Designations Standards, Audits, Appeals & CEE Committee

Should you request an appeal of a decision of the RAC relating to policy or process, your information will also be provided to the:

- National Appeal and Audit Committee (NAAC) and
- The National Board of Directors.

The information provided to these committees is for the sole purpose of assessing the application.

X. INSURANCE

I understand that as a Chartered Mediator 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. Insurance specifically relating to practice as an ADR professional is required.

XI. PLEDGE

As a Chartered Mediator, I pledge to comply with the [Code of Ethics](#) and the [Code of Conduct](#) of the ADR Institute of Canada.

I understand that a violation of the Code of Ethics or the Code of Conduct could result in the revocation of my Chartered Mediator designation.

I understand that I am required to maintain my membership in good standing of a regional affiliate of the ADR Institute of Canada.

I understand that if my application and skills assessment are 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, annual designation dues (the amount established from time to time by the ADRIIC Board of Directors) are payable to ADRIIC every January to maintain my Chartered Mediator designation.

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 Chartered Mediator.

Date: _____

Name (print): _____

Signature: _____

Appeal Policy for the Chartered Mediation Designation Process

- Decisions of the Regional Assessment Committee (RAC) are final except where the appeal is related to process or procedure.
- Decisions of the RAC relating to the applicant's performance on the skills assessment cannot be appealed.
- An appeal of a decision by a Regional Committee shall be forwarded in writing, with all supporting documentation, to the Designations Committee.
- The Designations Committee (DC) shall consider the appeal and make a recommendation to the Board of Directors of the ADR Institute of Canada.
- The Board of Directors of the ADR Institute of Canada will consider the recommendation and render all final decisions with respect to policy and procedure, following which the application will be sent back to the RAC with a direction to review the case in light of the policy or process decision rendered by the Board of Directors.
- The Board's decisions with respect to process and policy and reasons, if any, shall be given to the applicant and the RAC by the National Board.

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 am insured under the ADRIIC 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.

CHARTERED MEDIATOR 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 to the applicant.

- I am a member in good standing of the ADR Institute of Canada (ADRIC) through one of the seven regional affiliates.
- Completion of a course of study of 80 hours or more in mediation. Please attach copies of certificates.
- Other related or specialized training of 100 hours or more. Please attach copies of certificates.
- If applying under "Longevity in Practice" after discussion with your Regional Affiliate, please provide 5 reference letters, and any other criteria as required.
- I have provided a description of the 15 completed fee-paid mediations.
- Completed and signed "Declaration of Insurance" form.
- Complete my profile in my Member Portal (<http://adric.ca/about-adr/affiliates/>) with my bio, areas of practice, etc. **Your profile or portions of it may be made private if you prefer. (Full resume is optional. Your application will not be processed unless your profile is complete.)**
- I have remitted the Application Filing Fee to my Regional Affiliate.
- 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 a live "Skills Assessment" is part of the C.Med application process.
- If my application and skills assessment are successful, my Regional Affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC'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. Thereafter, annual designation dues are payable every January. **Please be aware that this fee is separate from membership fees (regional or national).**