

**Continuing Education & Engagement (CEE) Reporting Form For ADRI Designated Members**

**Instructions:** 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/>

Contact us at admin@adric.ca / 416-487-4733/1-877-475-4353 if you need assistance or additional information.

Name:	
Regional Affiliate: <input type="checkbox"/> ADRBC <input type="checkbox"/> ADRIA <input type="checkbox"/> ADRSK <input type="checkbox"/> ADRIM <input type="checkbox"/> ADRIO <input type="checkbox"/> IMAQ <input type="checkbox"/> ADRAI	
Email:	Tel:
I hold the following ADRI designations: <input type="checkbox"/> C.Med <input type="checkbox"/> Q.Med <input type="checkbox"/> C.Arb <input type="checkbox"/> Q.Arb <input type="checkbox"/> C.Med-Arb	Checklist: <input type="checkbox"/> I have updated my ADRI Connect Profile

**Summary of Points accumulated for this report:**

Enter total accumulated points for each category (from the Education and Engagement Instructions document). You need a minimum of **33** points annually for Chartered designations, and **20** points annually for Qualified designations per year. If you have one Chartered and one Qualified designation, you must accumulate the higher number of points (33). Points can be earned in any or all of the categories.

Complete the following to show points earned. Refer to the Instructions document for information about each category.

**CATEGORY A: Continuing Education**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**CATEGORY B: Leadership**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**CATEGORY C Instruction**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**CATEGORY D: Significant Work Projects/Initiatives**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**CATEGORY E: Research or Publication**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**CATEGORY F: Practice of Mediation and Arbitration**

Sub-category	Dates (To/From)	Institution/Organisation	Description	Hours	Points earned

**F2: Conducting Med-Arbitration**  (No points required. Please provide supporting documents.)

**TOTAL POINTS EARNED:** \_\_\_\_\_

**Declaration:**

I declare that this is an accurate record for the year ending \_\_\_\_\_ .

I will provide supporting documentation to ADRIC on request. Any misrepresentation by me in this report, or in any documentation I provide, will be sufficient cause for revocation of my ADRIC designation and/or termination of my membership with my ADRIC regional affiliate. I have read and agree to abide by the [National Code of Ethics](#).

Signature \_\_\_\_\_

Date \_\_\_\_\_

**PLEASE RETURN THIS REPORTING FORM TO:**

**ADR Institute of Canada**

**Attention: Manager, Education Program and Professional Development**

**234 Eglinton Avenue East, Suite 407**

**Toronto, ON M4P 1K5**

[education@adric.ca](mailto:education@adric.ca)

**fax 416-901-4736**

**For use by ADR Institute of Canada:**

**Date received:** \_\_\_\_\_

**Membership dues paid:** \_\_\_\_ **Designation Renewal Fees paid:** \_\_\_\_ **Profile complete:** \_\_\_\_

**Renewal Approved:** \_\_\_\_ **By:** \_\_\_\_\_

**Notes:**