

**APPLICATION FORM for IMI
 Mediator Certification or the IMI
 Online Mediator Specialization**

(Please submit the completed form to ADRIIC via admin@adric.ca)

I REQUIRED INFORMATION

1. Applicant

Name	
Organization	
Address	
Telephone	
Fax	
Email	

1. What certification or specialization are you applying for?

- IMI Mediator Certification**
 IMI Online Mediator Specialization

2. Are you a full Member in good standing of the ADR Institute of Canada?

- Yes** **No**

3. Do you hold an ADRIIC qualified or chartered designation (Q.Med or C.Med)?

- Yes** **No**

4. Which ADRIIC qualified or chartered designation (Q.Med or C.Med) do you hold?

II Educational Requirements

AN APPLICANT FOR THE IMI ONLINE MEDIATOR SPECIALIZATION MUST SUCCESSFULLY COMPLETE AN ADRIIC-APPROVED ODR COURSE OR HAVE ONLINE MEDIATION SKILLS, KNOWLEDGE OR EXPERIENCE.

List the online dispute resolution (ODR) course(s) that you have completed below (if applicable).

(Candidates must submit with this application 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 Skills, Knowledge or Experience (attach additional pages as necessary)

(a) Please list and give a detailed description of the mediations performed, completed mediations, paid or unpaid.

****Please provide us with a detailed description (no more than 300 words) of at least twenty (20) mediation sessions covering more than 200 hours that you have conducted. In your description, please indicate whether any of the mediation sessions were online mediations.**

No. of Parties	Brief Description of the Issues Mediated (use separate sheet if necessary)	Date	Paid or unpaid	Duration	Sole/Co-Med.

(b) If applicable, please provide a detailed description of your leadership in online mediation skills and knowledge (for example membership in an ODR Task Force or Committee for at least 2 years, membership of an ODR assessment panel, fellowship with the National Centre for Technology and Dispute Resolution, etc.)

IV Commitment to Continuing Education

By signing and submitting this form I understand that I am required to continue to collect Continuing Education & Engagement (CEE) points based on my professional development activities and submit my report to ADRIIC each year.

V Consent

By signing and submitting this form I understand and consent to ADRIIC reviewing my application and supporting documents.

VI PLEDGE

I pledge to comply with the Code of Ethics and the Code of Conduct for Mediators of the ADR Institute of Canada.

I understand that a violation of either Code could result in the revocation of my designation, my IMI Mediator Certification or IMI Online Mediator Specialization and my membership in the ADR Institute of Canada.

I further understand that an annual fee, established from time to time by the ADRIIC Board of Directors, will be levied by the affiliate and/or national organization to maintain my IMI Mediator Certification or IMI Online Mediator Specialization once granted. This fee is in addition to the membership fee.

I understand that as a self employed ADRIIC designation holder, 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 IMI Mediator Certification or the IMI Online Mediator Specialization.

Date:

Name (print): _____

Signature:

Applicant Checklist

- A description of online mediations that you have conducted **✓**
- Copies of all online dispute resolution (ODR) course certificates and/or course grades **✓**
- Your resume **✓**
- Insurance Declaration Form **✓**
- Application filing fee of \$200 plus applicable taxes **✓**

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 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.

(Please submit the completed form to ADRIC via admin@adric.ca)