



APPLICATION FORM for the designation CHARTERED MEDIATOR

Please note the following:

- You must be a member in good standing of a Regional Affiliate of the ADR Institute of Canada to apply to be a Chartered Mediator.
- Applications for the C.Med are to be provided to your regional affiliate.
- 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.
- Your application will not be processed and a skills assessment cannot be scheduled until your application fee has been received. If approved for the designation, the annual fee will be immediately due and every three years you will be required to submit a CEE report with filing fee (see page 9 for rates). Please attach a cheque or provide your credit card information on the last page of this application.
- 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: (____) _____ Email _____

Occupation _____

b. Are you a mediator in good standing of an affiliate of the ADR Institute of Canada?

No Yes

Please specify the affiliate:

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.

Training Program	Instructor	Duration	Date

If you require more space to complete this section please provide as ATTACHMENT IV (a)

AND

b. RELATED STUDY (minimum 100 hours)

List and describe completion of 100 hours of related training in dispute resolution. Generally, the following areas qualify: psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication skills, conflict management, or specific substantive areas such as law, psychology, social work, counseling etc.

Please include program, instructor, duration, date. Please attach evidence of completion of these programs, such as certificates, diplomas, etc.

Training/Education Program	Instructor	Duration	Date



If you require more space to complete this section please provide as ATTACHMENT IV (b)

OR

c. LONGEVITY IN PRACTICE (in lieu of a and b)

Where the RCMAC agrees that an applicant has satisfied or exceeded a and b above, through proven skills, competency, and longevity in practice as recommended by peers, the educational requirements listed in (a) and (b) above, may be waived.

- Do you wish to apply under (c)?

No

Yes

- **If you wish to apply under (c) please provide the following marked as ATTACHMENT IV (c):**

- i. a summary of your mediation practice including length of time (years) mediating, identified as full or part time, number of cases mediated (estimate), type of practice, typical type of case, etc. (250 words);
- ii. any awards or recognition related to mediation or dispute resolution;
- iii. training and education programs developed and given by you;
- iv. at least 5 letters of recommendation following the Guidelines for Letters of Reference. Letters of Reference should be forwarded to the Institute directly by the referee.



V. MEDIATION EXPERIENCE

- a) Please list and give specifics regarding at least **15 paid mediations¹** at which you were either the sole mediator or the lead mediator in a co-mediation.

- b) 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.

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.

The applicant must clearly have been the lead mediator or chairperson, not simply a co-mediator.

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 RCMAC may, at its discretion, accept an unpaid mediation toward the total of 15.



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If you require more space to complete this section please provide as ATTACHMENT V (a) and (b)

- c) If you have not already done so for (IV) (c) 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 number of cases mediated (estimate),
 - iv type of practice, typical type of case, etc.

d) 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.

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

Organization	Date of Admission



VI. SKILLS ASSESSMENT

a. When are you available for a skills assessment? _____

b. 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.

COMMITMENT TO CONTINUING EDUCATION

I understand that I am required to accumulate 100 Continuing Education points within three years of being awarded the C.Med designation as per the point system approved for C.Med Continuing Education and Engagement.

I understand that I am required to provide a report of points earned plus filing fee (\$94.00 plus applicable taxes) on the appropriate reporting form within 3 years of being awarded the C.Med designation.

No Yes

VIII. 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:

- o Members of your Regional Chartered Mediator Accreditation Committee (RCMAC)
- o Members of your Regional Board of Directors.

Should you request an appeal of a decision of the RCMAC 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.

IX. 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.

X. 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 further understand that an annual fee, established from time to time by the Board of Directors, will be levied by the Institute to maintain my Chartered Mediator status once granted.

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

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 Accreditation and Course Assessment

- Decisions of the Regional C.Med Accreditation Committee are final except where the appeal is related to process or procedure.
- Decisions of the RCMAC 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 National Appeal and Audit Committee.
- The NAAC 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 of the NAAC and render all final decisions with respect to policy and procedure, following which the application will be sent back to the RCMAC 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 RCMACs 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 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.

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 through one of the seven 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", please provide 5 reference letters **and other criteria as stated in Section C. Longevity in Practice.**
- I have provided a description of the 15 completed fee-paid mediations
- Completed and signed "Declaration of Insurance" form.
- Complete your profile in your Member Portal (<https://adrcanada.secure.force.com/>) with your bio, resume and areas of practice etc. (Your application will not be processed unless your profile is complete.)
- Application Filing Fee.
- 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 the Regional C.Med Accreditation Committee will schedule a "Skills Assessment" once the application passes the paper review process.
- ADR Canada will levy an annual charge, beginning at the time the designation is approved. ***Please be aware that this fee is not related to membership fees (regional or national).***