

**APPLICATION FORM  
 for the designation  
 CHARTERED ARBITRATOR (C.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 note the following:**

- You must be a member in good standing of a Regional Affiliate of the ADR Institute of Canada (ADRIC) to apply for the Chartered Arbitrator (C.Arb) designation.
- Your application will not be processed until your application filing fee has been received. Please contact your regional affiliate for the appropriate fee.
- Your application must be provided 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 \_\_\_\_\_

Bus Tel: \_\_\_\_\_ Bus Fax \_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home Tel: \_\_\_\_\_

Occupation \_\_\_\_\_

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

\_\_\_\_\_

**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. ARBITRATION EDUCATION**

**a. Arbitration Training (minimum 40 hours)**

- b. To qualify for the C.Arb designation, you must have successfully completed a course of study of 40 hours or more in arbitration and hearing procedure approved by ADRIC or one of its Regional Affiliates. For a list of approved courses please see: <http://www.adrcanada.ca/resources/documents/ArbitrationCoursesThatAreAcceptedasFulfillingtheTrainingRequirementsforADRInstituteofCanadaA.pdf>
- c. Provide details of all your arbitration training, including any training in excess of the 40 hour minimum requirement.
- d. You must submit copies of certificates or course grade reports or other proof of educational requirements with this application. **Please attach these documents as Attachment IV (d).**

If you wish to have a course that is not listed above approved, please contact your Regional Affiliate for further information.

Courses/Degrees/ Certificates	Year Granted	Institution Name	Approved by	Number of Hours	Location

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

**e. Written Examination**

You must have successfully completed a written examination relating to a course approved by ADRIC or one of its Regional Affiliates within the last 10 years. Please provide the following information:

Name of Course	Approving Affiliate	Instructor	Year of Completion

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

**V. ARBITRATION EXPERIENCE**

Please list and give specifics regarding at least 10 fee-paid arbitrations<sup>1</sup>

	No. of Parties	Issues Arbitrated	Hearing Hours
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

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

**VI. ARBITRATION AWARDS**

Please provide at least 2 awards, redacted to remove personal or confidential information, as **ATTACHMENT VI**.

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<sup>1</sup> A "paid" arbitration is an arbitration where the arbitrator receives a salary, payment or reasonable honorarium specifically for arbitration services. The amount received by the arbitrator is not subject to any specific minimum amount, provided it is a legitimate and reasonable amount in the context within which the arbitration took place. In exceptional circumstances described in writing, where an unpaid arbitration is demonstrably complex and involved, the Regional Committee may, at its discretion, accept an unpaid arbitration as counting toward the total of 10 arbitrations required.

You must clearly have been the lead arbitrator or chairperson, not simply a co-arbitrator.

## VII. WAIVER

Where the Regional Committee determines that the applicant has satisfied or exceeded IV (A), Education requirements, and IV (B), Practical Experience requirements, as described in the current Principles, Criteria, Protocol and Competencies for the Designation Chartered Arbitrator, through proven skills and competency, longevity in practice and recognition and recommendation by peers, one or more of the requirements listed in IV (A) and IV (B) of that document may be waived.

Waiver of the Education and Experience Requirements based on proven skills and competency, longevity in practice and recognition or recommendation of peers is extremely rare.

Do you wish to apply for the waiver of Education and Experience Requirements?

Yes  No

If you are applying for the waiver of Education and Experience Requirements, please provide the following information marked as ATTACHMENT VII (b):

- i. A summary of your education, arbitration (or related practice) including:
  - length of time (years) arbitrating (or other relevant experience), identified as full or part time;
  - number of hours per month or percentage of your time currently engaged as an arbitrator (or other relevant form of adjudication);
  - estimated number of cases arbitrated (or adjudicated); and
  - area (s) in which you perform most of your arbitrations (or adjudications), for example - commercial, insurance, labour, family, construction or other.
- ii. Any awards or recognition related to arbitration or dispute resolution;
- iii. Training and education programs developed and/or given by you;
- iv. At least 3 letters of reference following the Letters of Reference Guidelines. Letters of Reference should be forwarded to the Regional Affiliate directly by the referee.

## VIII. OTHER INFORMATION

- a) Please provide any other information that supports your application as **ATTACHMENT VIII**
- b) Do you belong to any other dispute resolution organizations or associations? Please list:

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c) Are you certified, accredited, or chartered as an arbitrator by any other organization? If so, please list below.

Organization	Date of Accreditation

d) If you have previously applied for a C.Arb designation, please provide the date and the Regional Affiliate through which you applied.

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## IX. ONGOING COMMITMENTS

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

### **a. Continuing Education and Engagement**

I am required to accumulate a required number of Continuing Education and Engagement points within three years of being awarded the C.Arb designation, and every three years thereafter, in accordance with the requirements of the Continuing Education and Engagement Program.

I am required to provide a report of points earned by returning the appropriate reporting form, with payment, within 3 years of being awarded the C.Arb designation and every three years thereafter.

### **b. Membership**

I am required to maintain my membership in good standing of a Regional Affiliate of ADRIC including payment of the required registration fee.

### **c. Insurance**

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. If I discontinue the insurance, I will notify ADRIC immediately.

The "Declaration of Insurance" relating to practice as an ADR professional must be provided to ADRIC within 30 days of being notified that the designation has been granted.

### **d. Annual Designation Renewal**

The C.Arb designation must be renewed annually by payment of the required fee. This is in addition to the annual membership fee.

**e. Compliance with Ongoing Requirements**

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

**X. CONSENT**

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

- The Regional Committee
- The Board of Directors of the relevant Regional Affiliate
- The National Committee
- The Board of Directors of the ADRIIC

**XI. 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 C.Arb designation.

**XII. CERTIFICATION**

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 C.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 and Chartered 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 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 and Qualified Designations Credit Card Payment Form for ADRIC Designation Annual Maintenance Fee

**Please use this form to remit your first annual designation dues, when your application has been approved. Please note: The Certificate will not be issued and your Member Profile will not indicate your new status until payment is received in full.**

Charge my credit card for the annual fee for the following:

C.Med      \$178.00 plus applicable taxes  
 C.Arb      \$178.00 plus applicable taxes  
 Q.Med      \$ 99.00 plus applicable taxes  
 Q.Arb      \$ 99.00 plus applicable taxes

Payment:       VISA       MasterCard       AmEx       Cheque (*attach*)

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Credit Card Number	3 Digital Security Code	Expiry Date
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Signature \_\_\_\_\_

If paying by cheque, please make payable to ADR Institute of Canada.

Thank you.

- Your designation needs to be renewed annually; you will receive an email message in January of every year reminding you to remit the fee via your Member Portal.
- In three years from the date you receive your certificate, and every three years thereafter, you will be required to submit a CEE report with filing fee (see website) indicating that you have accumulated the required number of Continuing Education points (100 for C.Med; 60 for Q.Med; Arbitration designations levels to be set in 2016)



## CHARTERED ARBITRATOR Application Filing Fee

Please enter your credit card information below.

Charge my credit card:		
<input type="checkbox"/>	Immediately - for the C.Arb application filing fee of \$ _____ (plus applicable taxes), (Contact your Regional Affiliate for the appropriate filing fee)	
Payment:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
	<input type="checkbox"/> AmEx	<input type="checkbox"/> Cheque ( <i>attach</i> )
<hr/>		
Credit Card Number	3 Digital Security Code	Expiry Date
<hr/>		
Signature _____		

If paying by cheque:

The C.Med application filing fee payable to Your Regional Affiliate.

## CHARTERED 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.
- Completion of a 40 hour arbitration course (exam included), approved by ADRIAC. Please attach copy of certificate.
- Brief description included of 10 fee-paid arbitrations
- Two copies of arbitration awards
- Are you applying under "Longevity of Practice"?
- Signed copy of the Declaration of Independence 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. Please see Pg. 8 to provide your credit card info. (If paying by cheque, your application will be processed after cheque clears.)
- 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.Arb Accreditation Committee will schedule an **Interview** once the application passes the paper review.
- The ADR Institute of 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).**

**ADR Institute of Canada, Inc.**

**Letter of Reference Guidelines for  
Chartered Arbitrator Applicants**

The Chartered Arbitrator (C.Arb) designation indicates a high degree of experience and skill as an arbitrator and is the most senior designation awarded by the ADR Institute of Canada.

Letters of reference play an important part in the assessment of C.Arb applicants and we thank you for providing your candid assessment of the applicant.

Please forward your letter of reference directly to the following address:

**(NAME AND ADDRESS OF ADRIC AFFILIATE - ATTN: MANAGER OF DESIGNATIONS)**

Please include the following information in your letter of reference:

1. Name of Applicant
2. Name, position and title of Referee
3. Contact information of Referee
4. Capacity in which you have known the Applicant in relation to his or her work as an Arbitrator
  - a. Party to an arbitration conducted by applicant
  - b. Counsel in arbitration conducted by applicant
  - c. Co-Arbitrator
  - c. Other
5. How well and for how long have you known the applicant
6. Please comment and provide your opinion of the applicant with respect to these competencies:
  - a. Ability to run and manage the arbitration process effectively in a fair, impartial and respectful manner;
  - b. Ability to get the facts, issues and perceptions of all parties clearly out on the table;
  - c. Ability to carry out the protocol required to initiate and complete an arbitration engagement, including the formalization of the engagement, procedures during the arbitration hearing and handing down issuing the award
  - d. Preserves party autonomy in decision making;
  - e. Regardless of settlement outcome, would work with this arbitrator again.
7. Any other comments you consider relevant to the evaluation of the applicant's skill, ability and integrity as an arbitrator.