

**APPLICATION TO BECOME A MEDIATION INTERN SUPERVISOR
UNDER THE ADR INSTITUTE OF ONTARIO PILOT MEDIATION INTERNSHIP PROGRAM**

EQUIVALENT DESIGNATIONS TO THE CHARTERED MEDIATOR

ADR Institute of Ontario (ADRIO) is accepting applications from members to act as Mediation Internship Supervisors in the Pilot ADRIO Mediation Internship Program.

This application is for practicing mediators with designations from other organizations that are equivalent to the C.Med with respect to education and experience.

Please complete the following:

Please note that the \$200 application fee is waived for Supervisors under the Pilot Project.

1. Applicant

Name _____

Mailing Address _____

Tel: (_____) _____ Fax: (_____) _____ Email _____

Occupation _____

2. Are you a member in good standing of the ADR Institute of Ontario? YES NO

3. If you hold another designation that is equivalent to the C.Med with respect to education and experience please provide the following information.

- a) What designation(s) do you currently hold?
Please include the name and location of the organization that granted the designation and the date on which it was granted.

Designation	Organization	Location of Organization	Date designation granted

- b) The C.Med designation requires 80 hours of mediation training, 100 hours of related training and 15 mediations completed.

Please list the requirements for the designation(s) you currently hold:

- i. Number of hours of mediation training

- ii. Number of hours of related training

- iii. Number of mediations completed

4. Have you completed:

- a) at least 10 mediations within the last year? YES NO

OR

- b) over 100 mediations over the course of your career? YES NO

5. SPECIALIZATION

Please state areas of specialization and the area in which you perform most of your mediations – for example - commercial, insurance, labour, family, construction or other.

6. BIOGRAPHICAL NOTE:

Please provide a biographical note of 250 words or less containing information that an intern can use in deciding whether he or she would like to apply to you for an internship.

7. 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 Mediation Internship Supervisor Selection Committee and the Board of Directors for the sole purpose of assessing the application.

8. INSURANCE

I am providing proof of errors and omission insurance of at least \$1,000,000 per claim, to participate in the ADRIO Mediation Internship Program.

For those without specific training insurance, proof of additional insurance is recommended.

9. PLEDGE

By signing and submitting this form,:

- I agree to adhere to and comply with all the requirements of the ADRIO Mediation Internship Program including participation in an orientation session, completion of required forms and confirmation of completion of the internship.
- I acknowledge that ADRIO has no liability concerning the performance of this agreement by either party and is not a party to the agreement between the supervisor and intern.

Signature _____

Date _____