**APPLICATION FORM**

**for the designation**

**CHARTERED MEDIATOR**

**Please note the following:**

* You must be a full member in good standing of a Regional Affiliate of the ADR Institute of Canada to apply to be a Chartered Mediator and must maintain membership to retain the designation.
* Applications for the C.Med are to be submitted to your [Regional Affiliate](https://adric.ca/about-us/affiliates/).
* You will be required to sign and submit the enclosed 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. (If you do not yet have insurance, consider [ADRIC’s Group Insurance Plan](https://adric.ca/membership/member-benefits/professional-insurance-program/))
* Fees: Your application will not be processed your regional affiliate has received its application fee. Please enquire with your affiliate about the fee and how to submit. If approved for the designation, ADRIC’s annual fee will be immediately due (prorated if applicable). Thereafter the annual designation dues are payable every January. Additionally, you will be required to submit Continuing Education and Engagement (CEE) reports.
* 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; there is a checklist at the end to assist.
1. **REQUIRED INFORMATION**
2. **APPLICANT**

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| --- | --- |
| Name  |  |
| Mailing Address  |  |
|  |  |
| Tel.:  |  | Fax:  |  |
| E-mail: |  |
| Primary Occupation  |  |

1. I am a full member in good standing of an affiliate of the ADR Institute of Canada and my profile on ADR Connect is complete, including a short biography. (Your profile or portions of it may be made private if you prefer.) *Note: an uploaded current resume is recommended, but optional.*

 🞎 No 🞎 Yes

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| Please specify the affiliate: |  |

1. I have 🞎 have not 🞎 completed a skills assessment in my Region.
2. Please attach a one page biographical outline to your application marked ATTACHMENT I (c)
3. **FORMAL EDUCATION**

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| --- | --- | --- | --- |
| **Degrees/Certificates** | **Year Granted** | **Institution Name** | **Location** |
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**If you require more space, please provide as ATTACHMENT II**

1. **EMPLOYMENT**

Please outline your employment for the past 10 years, listing employers, dates and type of employment.

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| **Employer** | **Date** | **Type Of Employment** |
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**If you require more space, please provide as ATTACHMENT III**

1. **MEDIATION EDUCATION**
2. **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. For each training, please provide the following information:

* Training Program; Instructor; Date of Program
* Number of hours of instructional time in the program

**Please provide this information as ATTACHMENT IV (a)**

**AND**

1. **RELATED STUDY (minimum 100 hours)**

List and describe completion of 100 hours of training that is clearly related to mediation or dispute resolution. Generally, the following areas qualify: psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication skills, and conflict management. Specific substantive areas such as law, social work, facilitation skills, etc., *may* qualify if they are demonstrated to be related to mediation, or alternative dispute resolution as it relates to the mediation process. For example, law school courses specific do dispute resolution, such as Negotiation Skills, would be considered “related”, whereas courses on constitutional law would likely not qualify.

It will remain the responsibility of the applicant to establish how any courses being proposed qualify as being clearly related to dispute resolution or mediation. Please attach evidence of completion of these programs, such as certificates, diplomas, etc.

Please include the following information for each training you are submitting:

* Program, Instructor, Date
* Number of hours of instructional time in the program
* Specifically how this training is “related to dispute resolution and mediation”.

**Please provide as ATTACHMENT IV (b)**

1. **MEDIATION EXPERIENCE**
2. Please list and give specifics regarding at least **15 paid mediations[[1]](#footnote-1)** at which you were either the sole mediator or the lead mediator in a co-mediation. For each mediation, please include: number of parties, issues mediated, duration of mediation, whether you were the sole mediator or lead mediator in a co-mediation.

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| **Number** | **No. of Parties** | **Issues Mediated** | **Duration** | **Sole/Co-Med** |
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***If you require more space to complete this section please provide as* ATTACHMENT V**

In addition, please provide a summary of your mediation practice including:

1. length of time (years) mediating, identified as full or part time,
2. number of hours per month or percentage of your time currently engaged as a mediator
3. total number of cases mediated (estimate),
4. type of practice, typical type of case, etc.
5. 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.

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1. Are you certified or accredited as a mediator elsewhere? If so, where?

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| Organization/Accreditation | Date of Admission |
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1. **SKILLS ASSESSMENT**
2. The following are options for Skills Assessment format during the recommended social distancing period. Please indicate your preference:
* On-line Skills Assessment through a videoconference platform. (Please read section XII and XIII of the application to confirm.)
* An in-person Skills Assessment respecting physical distancing requirements (according to each affiliate’s policy and provincial health guidelines).
* Delay the Skill Assessment. (Please agree with your regional affiliate on a timeline to schedule your in-person Skills Assessment)
1. When are you available for an Online Skills Assessment?

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| --- | --- | --- |
|  | N/A | 🞎 |

1. When are you available for a physical distancing Skills Assessment?

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|  | N/A | 🞎 |

1. If you have already completed a Skills Assessment, please indicate date Assessment completed. (Provide a copy of your Skills Assessment as Attachment)

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1. Have you previously applied for a Chartered Mediator designation?

🞎 No 🞎 Yes

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| If yes, when? |  |

1. **OTHER INFORMATION**
2. Please provide any other information that supports your application as
**ATTACHMENT VII.**
3. Please list all dispute resolution organizations of which you are a member and the date of admission.

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1. **CONSENT** *(Please read carefully)*

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:

* + Members of your Regional Chartered Mediator Accreditation Committee (RCMAC)
	+ Members of your Regional Board of Directors
	+ Members of the Mediation Designations Standards, Audits, Appeals & CEE Committee

Should I request an appeal of a decision of the RCMAC relating to policy or process, my information will also be provided to the:

* + National Audit and Appeal Committee (NAAC) and
	+ The ADRIC Board of Directors

The information provided to these committees is for the sole purpose of assessing the application.

1. **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 and will maintain 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.

1. **MEMBERSHIP DUES**

I understand I must remain a member in good standing with my Regional Affiliate.

1. **ANNUAL MAINTENANCE DESIGNATION DUES**

I understand that if my application and skills assessment are successful, my regional Affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC's approval, I will be required to remit my first annual designation fee (prorated as appropriate for the initial year). Only after ADRIC has confirmed receipt of this fee will I be awarded the designation, receive the Certificate and have my Member Profile updated.

I further understand that in addition to annual membership dues payable to my Regional Affiliate, I will be required to pay **annual designation dues** (the amount established from time to time by the ADRIC Board of Directors) to ADRIC every January to maintain my Chartered Mediator designation.

1. **ADR CONNECT MEMBER PROFILE**

#### I confirm my member profile is complete including my services provided, areas of expertise, cities serviced, languages, bio, etc. (Your profile or portions of it may be made private if you prefer. Full resume is optional.) Your application will not be processed unless your profile is complete - access via your Member Portal (<http://adric.ca/about-adr/affiliates/>)

1. **TECHNOLOGY USE**

In selecting the online Skills Assessment format, I attest to having the technological requirements (bandwidth, microphone, camera, etc.), comfort with the technology and the video conferencing platform (Zoom, Webex, MS Teams or other platform as agreed upon by the assessment committee and myself), and comfort with being assessed online. I understand that I am not to hold or claim myself as having the capacity to conduct online mediations as a result of successfully completing an online C.Med Skills Assessment.

1. **CONTINUING EDUCATION AND ENGAGEMENT (CEE)**

I understand that I will be required to submit CEE reports indicating that I have accumulated the required number of CEE points annually or every third year from the date I receive my certificate. Details can be found here: <https://adric.ca/useful-links/professional-designations/continuing-education-engagement/>

1. **PLEDGE**

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 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.

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| --- | --- |
| Date: |  |
| Name (print): |  |
| Signature:  |  |

**Insurance DECLARATION**

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires all designated members 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/or 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 am insured under the ADRIC Group Insurance Program

or

* I am insured under \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* 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 ADRIC and provide proof of insurance before acting as an arbitrator or mediator other than within my employment.

NAME (as shown on your policy):

ADDRESS:

TELEPHONE: EMAIL:

SIGNATURE: DATE:

Important note: If you are a member of a different professional organization or some law societies, you cannot assume that your organization's insurance covers you as an **ADR practitioner**. It is your responsibility to ensure you are covered for ADR practice.

**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 have completed of a course of study of minimum 80 hours or more in mediation and attach copies of certificates.
* I have completed other related or specialized training of 100 hours or more and attach copies of certificates.
* I have provided descriptions of at least 15 completed fee-paid mediations.
* I have completed and signed “Declaration of Insurance” form.
* My member profile is complete with your bio, areas of practice, etc. **Your profile or portions of it may be made private if you prefer.** **(Full resume is optional. Your application will not be processed unless your profile is complete.)** (access via your Member Portal (http://adric.ca/about-adr/affiliates/)
* I have paid the 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 a live "Skills Assessment" is part of the C.Med application process.
* If my application and skills assessment are successful, my regional affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC's approval, the first year's annual designation dues will be immediately payable (prorated if applicable) before the certificate is sent and your member profile updated. Thereafter, annual designation dues are payable every January. ***Please be aware that this fee is separate from membership fees (regional or national).***

**Appeal Policy for the Chartered Mediation Designation Process**

* Decisions of the Regional C.Med Accreditation Committee (RCMAC) 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 Mediation Designations Standards, Audits, Appeals & CEE Committee (MDSAAC).
* The MDSAAC 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 MDSAAC 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 RCMAC by the National Board.
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. While there is no hard and fast determination, criteria for being lead mediator in a co-mediation may include some of the following indicators:

	* The applicant chaired the mediation;
	* The applicant took a primary role is running the session;
	* The applicant organized the process during the mediation by actively guiding the discussions, delegating time to the other mediator and/or the parties, and having primary voice during the session;It will be the responsibility of the applicant to describe and establish that they were the lead mediator in a co-mediation for it to count toward the required number of mediations.”

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. [↑](#footnote-ref-1)