



**APPLICATION FORM**  
 for the designation  
**CHARTERED ARBITRATOR**

Please note the following:

- You must be a member in good standing of a Regional Affiliate of ADR Institute of Canada to apply to be a Chartered Arbitrator.
- All Chartered Arbitrators must provide proof of insurance. (For further information go to [www.adrcanada.ca/insurance.html](http://www.adrcanada.ca/insurance.html))
- The information in this application will be provided to members of the Regional Chartered Arbitrator Accreditation Committee, the National Chartered Arbitrator Accreditation Committee and the Board of Directors of the ADR Institute of Canada for the sole purpose of assessing the application. The application and all supporting documents will be destroyed six months from the date of decision.

**I REQUIRED INFORMATION**

**1. APPLICANT**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_

*(Please attach a one page biographical outline)*

**2. EDUCATION**

**a) General**

Degrees/Certificates	Year Granted	Institution Name	Location

**b) Arbitration Training**

Describe the training (program, instructor, duration, date) which you have taken in arbitration theory and skills and your related study or training in dispute resolution generally, such as the psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication, conflict management, etc. Attach evidence of completion of these programs, where available.

**c) Employment Record**

Outline your employment history for the past 10 years, listing employers and type of employment

**3. ARBITRATION EXPERIENCE**

a) Indicate number of times in each category.

	<b>Commercial</b>	<b>Labour</b>	<b>Landlord / Tenant</b>	<b>Insurance</b>	<b>Other (Identify)</b>	<b>Other (Identify)</b>
<b>Sole Arbitrator</b>						
<b>Board Chair</b>						
<b>Board Member</b>						
<b>Referee</b>						
<b>Counsel/Agent</b>						

b) What percentage of this arbitration was fee paid? \_\_\_\_\_

c) Number of years you have practiced as an arbitrator. \_\_\_\_\_

d) Are you certified, accredited, or chartered as an arbitrator elsewhere?

No       Yes: Where? \_\_\_\_\_

e) What percentage of your overall work time is spent as an arbitrator? \_\_\_\_\_ %

f) You may be requested to provide copies of awards.

**4. OTHER INFORMATION**

a) Outline other relevant experience.

b) Provide any other information which supports your application.

c) List all dispute resolution organizations of which you are a member and the date of admission.

d) Have you previously applied for a Chartered Arbitrator designation?

No       Yes: When? \_\_\_\_\_

## II PLEDGE

As a Chartered Arbitrator, I pledge to comply with the Code of Ethics of the Institute.

I understand that a violation of the Code of Ethics could result in the revocation of my Chartered Arbitrator 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 Arbitrator status once granted.

I understand that as a Chartered Arbitrator I will be required to provide proof of insurance of \$1,000,000 per claim.

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 Arbitrator.

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_

Signature: \_\_\_\_\_