



APPLICATION FORM
 for the designation
CHARTERED MEDIATOR

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 Mediator.
- All Chartered Mediators must provide proof of insurance. (For further information go to www.adrcanada.ca/insurance.html)
- The information in this application will be provided to members of the Regional Chartered Mediator Accreditation Committee, the National Chartered Mediator 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. FORMAL EDUCATION

Degrees/Certificates	Year Granted	Institution Name	Location

3. EMPLOYMENT

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

Employer	Date	Type Of Employment

4. MEDIATION EDUCATION

A) MEDIATION TRAINING (minimum 80 hours or 10 full days)

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, where available.

Training Program	Instructor	Duration	Date

AND

B) RELATED STUDY (minimum 100 hours or 12 full days)

List and describe the related training and education (program, instructor, duration, date) in dispute resolution generally, for example the psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication, conflict management, fact finding or arbitration. You may require to explain how a program is related. Please attach evidence of completion of these programs, where available.

Training/Education Program	Instructor	Duration	Date

OR

C) LONGEVITY IN PRACTICE (in lieu of A and B)

Where longevity in practice as a mediator is claimed, please provide the following:

- a) a summary of your mediation practice (250 words);
- b) any awards or recognition related to mediation or dispute resolution;
- c) training and education programs developed and given by you;
- d) at least 5 letters of recommendation of your services as a mediator.

5. MEDIATION EXPERIENCE (attach additional pages as necessary)

- a) Please list and give specifics regarding at least 10 mediations (number of parties, issues mediated, duration of mediation, sole or co-mediator).

No. of Parties	Issues Mediated	Duration	Sole/Co-Med.

- b) State the number of hours or the percentage of your time during which you are engaged as a mediator.
- c) Describe your mediation experience, including the total number of case mediated and the process followed.
- d) State whether you have worked as sole mediator only or as co-mediator.
- e) State areas of specialization, if any, and the area most of your mediations – for example - commercial, insurance, labour, family, construction or other.
- f) What percentage of your mediations were fee paid?
- g) Number of years you have practiced as a mediator.
- h) Are you certified, accredited, or chartered as a mediator elsewhere? If so, where?

6. OTHER INFORMATION

- a) Please attach any other information which supports your application.
- b) List all dispute resolution organizations of which you are a member and the date of admission.

Organization	Date of Admission

- c) Are you able to make yourself available for a skills assessment? Amount of notice required? Location?
- d) Have you previously applied for a Chartered Mediator designation? If so, when?

II PLEDGE

As a Chartered Mediator, 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 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 as a Chartered Mediator 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 Mediator.

Date: _____

Name (print): _____

Signature: _____

APPEAL POLICY ATTACHED

Appeal Policy for Accreditation and Course Assessment

- An appeal of a decision by a Regional Committee shall be forwarded to the Regional Board.
- The Regional Board shall consider the appeal and make a decision on the merits of the appeal.
- The regional or National Board, as the case may be when considering the appeal, shall be absent of any Board Member who sat on the committee which made the decision in the first instance.
- If the applicant is not satisfied with the decision of the Regional Board, the applicant may appeal in writing to the National Board.
- The National Board or a committee appointed by it shall consider the appeal and make a decision on the merits of the appeal.
- The decision of the National Board or its delegated committee shall be final.
- Reasons for its final decision in writing shall be given to the applicant and the Regional Board by the National Board.
- The Regional Committee shall provide the Regional Board and the National Board (as the case may be) with a copy of the reasons provided to the applicant regarding the denial of the application or appeal.

*Approved by the Directors of the
Arbitration and Mediation Institute of Canada Inc.
at their meeting held April 8 & 9, 2000*