



ADR Institute of Ontario, Inc.

ONTARIO DISPUTE RESOLUTION CENTRE

APPLICATION FORM for the designation CERTIFIED FAMILY MEDIATOR

1. APPLICANT

Name: _____

Mailing Address: _____

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

Occupation: _____

(Please attach a one page biographical outline)

2. (A) ARE YOU A MEMBER IN GOOD STANDING WITH THE ADR INSTITUTE OF ONTARIO? (Please circle)

Yes No

(B) ARE YOU A CHARTERED MEDIATOR? (Please circle)

Yes No

(C) IF YES PLEASE PROVIDE A COPY OF YOUR CERTIFICATE.

3. FORMAL EDUCATION (You must have a university degree or FMC Certification.)

Degrees/Certificates	Year Granted	Institution Name	Location



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4. PRACTICE HISTORY

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.

5. EMPLOYMENT

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

Employer	Date	Type Of Employment

6. MEDIATION TRAINING

You must have:

- (a) a 40 hour intact family mediation course;
- (b) a 14 hour domestic violence course in screening for domestic violence; and
- (c) 26 hours of additional training in ADR.

Please list and describe your training in these areas and attach evidence of completion of these programs.



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Training/Education Program	Instructor	Duration	Date

7. REFERENCES

PLEASE PROVIDE 3 LETTERS OF REFERENCES FROM CERT. F. MED OR OAFM ACCREDITED MEDIATORS OR REFERRAL SOURCES

8. MEDIATION EXPERIENCE (attach additional pages as necessary)

Please list and give specifics regarding at least 5 mediations you have mediated to the point of agreement under the supervision of an experienced family mediator and 5 family cases you have mediated to the point of agreement on your own.

Please submit 10 memos of understanding with all identifying information removed.

Please include names of supervisors and the number of hours of supervision received.

9. OTHER INFORMATION

(A) PLEASE PROVIDE ANY OTHER INFORMATION THAT SUPPORTS YOUR APPLICATION.

(B) IF YOU ARE NOT A CHARTERED MEDIATOR A ROLE PLAY IS REQUIRED.



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(C) DO YOU CURRENTLY HOLD ANY OF THE FOLLOWING DESIGNATIONS OR ACCREDITATIONS?

Family Mediation Canada

FMC Certified Family Relations Mediator

FMC Certified Family Financial Mediator

FMC Comprehensive Family Mediator

Ontario Association for Family Mediation:

Accredited Family Mediator

Please attach copies of all certificates with respect to these designations

(D) HAVE YOU EVER APPLIED FOR ANY OF THE ABOVE DESIGNATIONS?

(E) IF SO, WHEN?

(F) DATE OBTAINED:

(G) HAVE YOU PREVIOUSLY APPLIED FOR CERT. F. MED?

(H) DO YOU HAVE LIABILITY INSURANCE FOR A MINIMUM OF \$1 MILLION FOR THE PRACTICE OF MEDIATION?

II PLEDGE

As a Certified Family 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 Certified Family 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 Certified Family Mediator status once granted.

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 Certified Family Mediator.

Date: _____

Name (print): _____

Signature: _____