



# ADR Institute of Ontario, Inc.

ONTARIO DISPUTE RESOLUTION CENTRE

APPLICATION FORM  
for the designation  
**QUALIFIED MEDIATOR, Q.MED.**

## I REQUIRED INFORMATION

### 1. APPLICANT

Name	
Address	
Telephone	
Fax	
Email	

2. Are you a mediator in good standing of the ADR Institute of Ontario and the ADR Institute of Canada?

No       Yes

## II EDUCATIONAL REQUIREMENTS

3. a) Completion of generic conflict resolutions courses, covering all of the following areas: Interest-based Mediation Process and Skill; Conflict Resolution; Negotiation; Communication Skills; Ethics in Dispute Resolution

Candidates must submit with this application copies of certificates or course grade reports or other proof of educational requirements

Courses/Degrees/ Certificates	Year Completed or Granted	Institution Name	Number of Hours	Location

**(b) Specialized Mediation and Related Training.** Courses may include but are not limited to the following: Advanced Mediation; Multiparty Negotiation Strategies; How to start a Mediation Business; Designing Systems for Conflict Management in Organizations; Arb/Med – Med/Arb: When and How to Use Them; Mediation: Case Development; Influence of Culture on Conflict Resolution Approaches; Resolving Difficult Workplace Issues; Employment/Labour Dispute Resolution; Family Mediation; Commercial Dispute Resolution; Court Process and Mediation; General Insurance Mediation; Civil Procedure

**Candidates must submit with this application, copies of certificates or course grade reports or other proof of educational requirements**

<b>Courses/Degrees/Certificates</b>	<b>Year Completed/Granted</b>	<b>Institution Name</b>	<b>Number of Hours</b>	<b>Location</b>

**III MEDIATION EXPERIENCE REQUIREMENTS (attach additional pages as necessary)**

Please list completed mediations and co-mediations, paid or unpaid. (Applicant must have completed at least two mediations to qualify for the Q.MED designation)

<b>No. of Parties</b>	<b>Issues Mediated</b>	<b>Date</b>	<b>Paid or unpaid</b>	<b>Duration</b>	<b>Sole/Co-Med.</b>

No. of Parties	Issues Mediated	Date	Paid or unpaid	Duration	Sole/Co-Med.

**IV ALTERNATIVE QUALIFICATIONS**

In exceptional circumstances, candidates for the Q.MED. designation who do not meet the required qualifications may submit their relevant education, training and experience to the ADR Institute Qualified Mediator Accreditation Committee for review. While a Skills Assessment is not required for the Q. MED. designation, ADRIO reserves the right to require one at its discretion.

**V CONTINUING PRACTICE COMMITMENT**

I understand that candidates who seek to maintain the Q. MED. designation are required to have completed and documented 3 actual mediations, paid or unpaid, either solo or co-mediated, within 3 years of the designation being awarded.

I undertake to provide the ADR Institute/affiliate with a status report as to this practice commitment within 3 years from the date the designation is awarded.

**VI COMMITMENT TO CONTINUING EDUCATION**

I understand that I am required to accumulate 60 Continuing Education points within three years of being awarded the Q. Med designation as per the point system approved for C.Med Continuing Education

I understand that I am required to provide the ADRIO with a continuing education status report within 3 years of being awarded the Q. Med designation

**VII CONSENT**

By signing and submitting this form I understand and consent to members of the applicable Accreditation Committee of the ADR Institute of Ontario and the Board of Directors of the ADR Institute of Ontario reviewing my application and supporting documents.

**VIII PLEDGE**

As a Q. Med, I pledge to comply with the Code of Ethics of the ADR Institute of Canada.

I understand that a violation of the Code of Ethics could result in the revocation of my Q. Med. designation, my membership in the ADR Institute of Ontario and my membership in the ADR Institute of Canada

I further understand that an annual fee, established from time to time by the Board of Directors, will be levied by the affiliate and/or national to maintain my membership and the Qualified Mediator designation once granted.

I understand that as a self employed Q. Med. I must maintain a minimum \$1million insurance coverage that specifically covers my mediation practice. I understand that I must submit evidence of applicable professional liability insurance coverage to the Institute. I agree to notify the Institute immediately should I discontinue or cancel such insurance.

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 Qualified Mediator.

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

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

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

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