

**Application Form
Practising Mediator Status**



General Information

Last Name:	First Name(s)
Organization:	
Address including Postal Code:	Work Phone:
	Fax:
Email Address:	

Practice Description (for the Directory and the website)

Provide a (max 50 word) practice description which will be published in the AFMS directory and on the website.

Fees Due

Annual fees:	General Membership (all levels of membership)	\$160	\$ 160.00
	PM Membership	\$ 60	\$ _____

AFMS website List your site on ours and clients can link directly to your site	Website address: _____	\$50	\$ _____
		Total (no GST)	\$ _____

Please make cheque* payable to Alberta *family* Mediation Society; **OR**

Visa/MC # _____ Expiry _____

*If you are not currently a member of AFMS and wish to pay for this application by cheque, please send two cheques – one for your general membership (\$160) and one for the additional fee for the designation you are requesting. We will hold the second cheque until your designation application is approved.

**CHECKLIST OF DOCUMENTS TO BE INCLUDED WITH YOUR APPLICATION FOR
PRACTISING MEDIATOR STATUS**



Evidence of Educational Qualifications

Photocopies of Degrees or Certificates

Detailed list of all basic mediation training courses completed

Include date, title of course, hours and course provider for each course completed

Evidence of Malpractice Liability Insurance

Photocopy of policy

Signed and Commissioned Statutory Declaration

Membership fee (cheque made payable to Alberta *family* Mediation Society or credit card information)

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF PRACTISING FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR, TRAINING CONTENT**
TO WIT) **REQUIREMENTS**

I, _____ of _____, Alberta,
DO SOLEMNLY DECLARE THAT:

- 1) I have reviewed the Education and Experience requirements for being a Practising Mediator through the Alberta Family Mediation Society (“AFMS”).
- 2) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training.
- 3) I have taken one or more courses that have provided me with coverage of all of the topics listed in the current minimum required content policy of AFMS for Basic Mediation Training.
- 4) I agree to provide the board of directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 5) I agree to subscribe to the Members’ Code of Professional Conduct approved by the Alberta Family Mediation Society.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing the same to be true, and knowing it is of the same force and effect as if made under oath, and by virtue of *The Canada Evidence Act*.

DECLARED at _____)
in the Province of Alberta)
this _____ day of _____,)
A.D. 20____) _____
_____) Signature of Declarant

**A COMMISSIONER FOR OATHS IN
AND FOR THE PROVINCE OF ALBERTA**