

**Application Form
Practising Mediator Status**



General Information

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

Practice Description (for the Directory and the website)

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

Annual fees:	General Membership (all levels of membership)	\$ 160.00
	Practicing Mediator (PM) Membership	\$ 60.00

List your website as a link on your AFMS profile	\$50	\$ 0*
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*This fee has been suspended as a benefit to our members.

Website: _____

Total (no GST) \$ 220.00

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

Visa/MC # _____ Expiry _____

Signature _____

**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 receipt and/or evidence of current policy

Signed and Commissioned Statutory Declaration

Below

**Membership fee as above (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**