

CANADA
PROVINCE OF ALBERTA
TO WIT

STATUTORY DECLARATION
) IN THE MATTER OF *RENEWAL*
) as REGISTERED FAMILY MEDIATOR:
) FAMILY BUSINESS



I, _____ of _____,

Alberta, DO SOLEMNLY DECLARE THAT;

I am a Registered Family Mediator: *Family Business*, and I am applying to be approved to continue such designation for the current year.

1. I have completed 20 hours of acceptable continuing education related to my mediation practice in the specific area of *Family Business* over the **past two years**. Please specify:

2. I am currently a member of good standing of the Alberta *family* Mediation Society (AFMS).
3. I am covered and will continue to be covered for malpractice insurance through my liability insurance policy.
4. I agree to subscribe to the Members' Code of Professional Conduct approved by the Alberta *family* Mediation Society.
5. I have conducted at least 50 hours of family mediation in the specific area of *Family Business* in the past year.
6. I agree to cease using the RFM designation, if requested to do so by the Board of Directors of the Alberta *family* Mediation Society.
7. I will supply proof of all of the above undertakings (where applicable), if requested by the Alberta *family* Mediation Society.
8. I authorize the attached 50 words practice description to be published on the AFMS website (or leave as is).

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 _____, 20___ BEFORE ME)
_____)

Signature of Declarant

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