

**Application Form
Registered Family Mediator Status – any specialty area(s)**



General Information

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

Specialty Areas Applying For:

I **currently** hold the RFM designation in the following specialty area(s):

- Separation and Divorce
- General Family
- Family Business
- Parenting
- Child Inclusive
- None currently held

I am **now** applying for an RFM designation in the following specialty area(s):

- Separation and Divorce
- General Family
- Family Business
- Parenting
- Child Inclusive

Practice Description (for the website):

Provide a (max 150 word) practice description which will be published on the AFMS website directory. Please attach.

Annual fees	General Membership (all levels of membership)	\$ 160.00
	RFM Membership (includes one specialty):	\$ 140.00
	-each additional RFM specialty is \$100	\$_____

List your website as a link on your AFMS profile.

Website: _____

TOTAL (no GST) \$_____

Please make cheque payable to “Alberta family Mediation Society”; OR

Visa/MC # _____ Expiry _____
*CVV _____

*For Visa/Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number.

Signature: _____

CHECKLIST OF DOCUMENTS TO BE INCLUDED WITH YOUR APPLICATION FOR REGISTERED FAMILY MEDIATOR SPECIALTY AREAS



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

Detailed list of all specialized mediation training courses completed for each relevant specialty area

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

3 Sample Mediation Reports for each relevant specialty area for which you are applying

Please refer to the Mediation Report templates on the AFMS website for details of expected mediation report content

Evidence of Malpractice Liability Insurance

Photocopy of receipt and/or evidence of current policy

Signed and Commissioned Statutory Declaration(s) (choose and attach one or more of the following for which you are applying);

- Separation and Divorce Specialty
- General Family Specialty
- Family Business Specialty
- Parenting
- Child Inclusive

Membership Fee (cheque payable to “Alberta *family* Mediation Society” or credit card information)

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF REGISTERED FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR: *SEPARATION AND DIVORCE*,**
TO WIT) **MEDIATION EXPERIENCE AND**
) **TRAINING CONTENT REQUIREMENTS**

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

- 1) I have reviewed the Education and Experience requirements for being a Registered Family Mediator through the Alberta Family Mediation Society (“AFMS”).
- 2) I have conducted the number of hours of mediation required based on my Educational qualifications as outlined by AFMS.
- 3) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training.
- 4) I have reviewed the current minimum required content policy of AFMS for 40 hours of specialized Separation and Divorce Mediation Training.
- 5) 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 both Basic Mediation Training and Separation and Divorce Mediation Training.
- 6) I agree to provide the Board of Directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 7) 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**

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF REGISTERED FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR: *GENERAL FAMILY, MEDIATION***
TO WIT) **EXPERIENCE AND TRAINING CONTENT**
) **REQUIREMENTS**

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

- 1) I have reviewed the Education and Experience requirements for being a Registered Family Mediator through the Alberta Family Mediation Society ("AFMS").
- 2) I have conducted the number of hours of mediation required based on my Educational qualifications as outlined by AFMS.
- 3) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training.
- 4) I have reviewed the current minimum required content policy of AFMS for 40 hours of specialized General Family Mediation Training.
- 5) 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 both Basic Mediation Training and General Family Mediation Training.
- 6) I agree to provide the Board of Directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 7) 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**

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF REGISTERED FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR: *FAMILY BUSINESS*, MEDIATION**
TO WIT) **EXPERIENCE AND TRAINING CONTENT**
) **REQUIREMENTS**

I, _____ of _____, Alberta,

DO SOLEMNLY DECLARE THAT:

- 1) I have reviewed the Education and Experience requirements for being a Registered Family Mediator through the Alberta Family Mediation Society (“AFMS”).
- 2) I have conducted the number of hours of mediation required based on my Educational qualifications as outlined by AFMS.
- 3) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training.
- 4) I have reviewed the current minimum required content policy of AFMS for 40 hours of specialized Family Business Mediation Training.
- 5) 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 both Basic Mediation Training and Family Business Mediation Training.
- 6) I agree to provide the Board of Directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 7) 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**

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF REGISTERED FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR: PARENTING, MEDIATION**
TO WIT) **EXPERIENCE AND TRAINING CONTENT**
) **REQUIREMENTS**

I, _____ of _____, Alberta,

DO SOLEMNLY DECLARE THAT:

- 1) I have reviewed the Education and Experience requirements for being a Registered Family Mediator through the Alberta Family Mediation Society (“AFMS”).
- 2) I have conducted the number of hours of mediation required based on my Educational qualifications as outlined by AFMS.
- 3) I have reviewed the current minimum required content policy of AFMS for 35 hours of Basic Mediation Training.
- 4) I have reviewed the current minimum required content policy of AFMS for 40 hours of specialized Parenting Training.
- 5) 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 both Basic Mediation Training and Parenting Training.
- 6) I agree to provide the Board of Directors of AFMS with documentation verifying the courses I have taken and their content upon request.
- 7) 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**

STATUTORY DECLARATION

CANADA) **IN THE MATTER OF REGISTERED FAMILY**
PROVINCE OF ALBERTA) **MEDIATOR: *CHILD INCLUSIVE*, MEDIATION**
TO WIT) **EXPERIENCE AND TRAINING CONTENT**
) **REQUIREMENTS**

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

- 1) I have reviewed the Education and Experience requirements for being a Child Consultant 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 and I have taken one or more courses that have provided me with coverage of all the topics listed in the current minimum required content policy of AFMS for Basic Mediation Training.
- 3) I have taken the required Specialized Child Consultant Training with Assessment courses for Child Consultant status as outlined in the Child Consultant designation/Child Inclusive Specializations requirements.
- 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**