



AFFIRMATION STATEMENT

CANADA)
PROVINCE OF ALBERTA)
TO WIT)

IN THE MATTER OF *RENEWAL*
as REGISTERED PARENTING
COORDINATOR AND ARBITRATOR (RPCA)

I, _____ of _____, Alberta, DO AFFIRM THAT:

I am a Registered Parenting Coordinator and Arbitrator with the Alberta *family* Mediation Society (“AFMS”) and am applying to be approved to continue such designation for the current year.

1. I have completed the minimum requirement of 50 hours of mediation and/or arbitration per year. (Please note that Collaborative Law files do not qualify for this activity requirement.)
2. I have completed 20 hours of acceptable continuing education in mediation or arbitration, or related topic areas, and additionally a minimum of 20 hours of parenting coordination or related topic areas (e.g. child development, domestic violence, family law issues related to parenting) over the past two years. Please specify: _____
(Waived for 2021, completion is voluntary)
3. I am currently a member of good standing of the Alberta *family* Mediation Society (AFMS) with fees paid for the current year.
4. I am covered and will continue to be covered for malpractice insurance through my liability insurance policy.
5. I agree to subscribe to the Members’ Code of Professional Conduct approved by the Alberta *family* Mediation Society.
6. I agree to cease using the RPCA designation, if requested to do so by the Board of Directors of the Alberta *family* Mediation Society.
7. I continue to be a member in good standing of the following regulated professional body: _____

8. I will supply proof of all of the above undertakings (where applicable), if requested by the Alberta *family* Mediation Society.
9. I authorize the attached 50 words practice description to be published on the AFMS website (or leave as is).

I promise that the contents of this Affirmation Statement are true and complete, and I solemnly affirm that this promise is binding on my conscience.

DECLARED at _____)
in the Province of Alberta, this _____ day)
of _____, 20____ BEFORE ME)
_____)

Signature of Declarant

Witness Signature (any adult)