

CANADA  
PROVINCE OF ALBERTA  
TO WIT

AFFIRMATION STATEMENT  
) IN THE MATTER OF *RENEWAL*  
) as REGISTERED FAMILY MEDIATOR:  
) FAMILY BUSINESS



I, \_\_\_\_\_ of \_\_\_\_\_,

Alberta, AFFIRM 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**. . (Waived for 2021, completion is voluntary) 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).

**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 )  
\_\_\_\_\_ )

Witness Signature (any adult)

\_\_\_\_\_  
Signature of Declarant