



AFFIRMATION STATEMENT

CANADA)
PROVINCE OF ALBERTA) **IN THE MATTER OF RENEWAL**
TO WIT) **as PRACTISING MEDIATOR**

I, _____ of _____,

Alberta, AFFIRM THAT;

1. I am a Practising Mediator (PM) and I am applying to be approved to continue such designation for the current year.
2. I have completed 20 hours of acceptable continuing education related to my mediation practice over the **past two years**. . (Waived for 2021, completion is voluntary)
Please specify: _____
3. I am currently a member of good standing of the Alberta *family* Mediation Society (AFMS).
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 PM 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