

**AFFIRMATION STATEMENT**



**CANADA )  
PROVINCE OF ALBERTA )  
TO WIT )**      **IN THE MATTER OF *RENEWAL*  
as REGISTERED FAMILY MEDIATOR:  
CHILD INCLUSIVE**

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

Alberta, AFFIRM THAT;

I am a Registered Family Mediator: *Child Inclusive* 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 in *Child Inclusive* related topic areas (e.g. mediation, child development, domestic violence, family law issues related to parenting) over the **past two years**. Please specify:  
\_\_\_\_\_
2. I am covered and will continue to be covered for malpractice insurance through my liability insurance policy.
3. I agree to subscribe to the Members' Code of Professional Conduct approved by the Alberta *family* Mediation Society.
4. I have participated in a minimum of 30 hours per year meeting with children and providing feedback to parents/third parties. (For Child Inclusive specializations, these hours can be incorporated into their principal designation training.)
5. I agree to cease using the RFM designation, if requested to do so by the Board of Directors of the Alberta *family* Mediation Society.
6. I will supply proof of all the above undertakings (where applicable), if requested by the Alberta *family* Mediation Society.
7. I authorize the attached 150 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**