

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**. 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 conducted at least 50 hours of family mediation in the specific area of *Family Business* in the past year.

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 of the above undertakings (where applicable), if requested by the Alberta *family* Mediation Society.

7. 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