## **AFFIRMATION STATEMENT**



CANAI PROVI TO WI	NCE OF ALBERTA ) as REGISTERED FAMILY MEDIATOR:	Alberta <i>family</i> Media
,	of	
Alberta	, AFFIRM THAT;	
	m a Registered Family Mediator: <i>General Family</i> , and I am applying to be applying to be applying to be applying to be applying such designation for the current year.	proved to
1.	I have completed 20 hours of acceptable continuing education related to my practice in the specific area of <i>General Family</i> over the <b>past two years</b> . Ple	
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 <i>General Family</i> 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 <i>family</i> 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).	
•	ise that the contents of this Affirmation Statement are true and completenly affirm that this promise is binding on my conscience.	e, and I
DECLA n the F	ARED at ) Province of Alberta, this day ), 20 BEFORE ME ) Signature of Doc	
ار	) Signature of Dec	larant

Witness Signature (any adult)