



**AFFIRMATION STATEMENT**

**CANADA** )  
**PROVINCE OF ALBERTA** )  
**TO WIT** )

**IN THE MATTER OF RENEWAL**  
**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**. Please specify:  
\_\_\_\_\_
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 ([https://afms.ca/wp-content/uploads/2017/08/Code\\_of\\_Professional\\_Conduct\\_members.pdf](https://afms.ca/wp-content/uploads/2017/08/Code_of_Professional_Conduct_members.pdf)).
5. I agree to immediately cease using the PM designation, if I fail to renew my annual membership or am 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**