

## **AFFIRMATION STATEMENT**

## IN THE MATTER OF RENEWAL as REGISTERED FAMILY MEDIATOR: PARENTING

l,	of
Albert	a, AFFIRM THAT;
	Registered Family Mediator: <i>Parenting</i> (RFM-P) and I am applying to be approved tinue 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 <i>Parenting</i> over the <b>past two years</b> . 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 ( <a href="https://afms.ca/wp-content/uploads/2017/08/Code">https://afms.ca/wp-content/uploads/2017/08/Code</a> of Professional Conduct members.pdf).
4.	I have conducted at least 50 hours of family mediation in the specific area of <i>Parenting</i> in the <b>past year</b> .
5.	I agree to immediately cease using the RFM designation, if I fail to renew my annual membership or am 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 <i>family</i> 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.	
	Date:
Signat	ure of Declarant
	Dato

Witness Signature (any adult)