

*Application Number (Office Use Only):*

# Application Form for the Designation

# of Qualified Arbitrator Q. Arb.

*For Office Use Only:*

*Application Received Date*

*Application Fee Received Date*

**Please note the following:**

* You must be a Full member in good standing of the ADR Institute of Alberta (ADRIA), which includes a membership with ADR Canada (ADRIC) to apply to be a Qualified Arbitrator.
* Applications for the Q.Arb are to be provided to your Regional Affiliate.
* Proof of Errors and Omissions Insurance in the amount of at least $1 million aggregate must be provided with this application.
* You will be invoiced for the application filing fee and your application will not be processed until your application fee of $200 plus GST has been received.
* Your application must be provided in legible form and with all attachments clearly labeled as directed in this application form.
* The preferred method of receiving applications is by email with required documents attached separately to [membership@adralberta.com](mailto:membership@adralberta.com)
* Incomplete applications will not be processed.
* Designation dues are payable to ADRIC upon approval of your application and annually thereafter on January 1st.

1. **REQUIRED INFORMATION**

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| **APPLICANT NAME:** | Click or tap here to enter text. |
| **COMPLETE MAILING ADDRESS:** | Click or tap here to enter text. |
| **TELEPHONE (BUS):** | Click or tap here to enter text. |
| **TELEPHONE (CELL):** | Click or tap here to enter text. |
| **EMAIL:** | Click or tap here to enter text. |
| **PRIMARY OCCUPATION:** | Click or tap here to enter text. |

\***Please attach a one page biographical outline.**

1. **Of which Regional Affiliate are you a member in good standing?** Click or tap here to enter text.
2. **ARBITRATION EDUCATION**
3. **Arbitration Training (minimum 40 hours)**

To qualify for the Q.Arb designation, you must have successfully completed a course of study of 40 hours or more in arbitration and hearing procedure approved by ADR Canada or one of its Regional Affiliates.

Provide details of all your arbitration training, including any training in excess of the 40 hour minimum requirement. You must submit copies of certificates or course grade reports or other proof of educational requirements with this application. **Please attach these documents as ATTACHMENT II (a).**

If you wish to have a course that is not listed above approved, please contact your Regional Affiliate for further information.

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| --- | --- | --- | --- | --- | --- |
| **Courses/Degrees/ Certificates** | **Year Granted** | **Institution Name** | **Approved by** | **Number of Hours** | **Location** |
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**If you require more space to complete this section please provide as part of ATTACHMENT 2(a)**

**b. Written Examination**

You must have successfully completed a written examination relating to a course approved by ADR Canada or one of its Regional Affiliates within the last 10 years. Please provide the following information:

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| --- | --- | --- | --- |
| **Name of Course** | **Approving Affiliate** | **Instructor** | **Year of Completion** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If you require more space to complete this section please provide as ATTACHMENT 2(b)**

1. **ONGOING COMMITTMENTS**

**I acknowledge all of the following ongoing commitments as obligations of a member holding the Q.Arb designation:**

1. **Continuing Education and Engagement**

I understand that I am required to accumulate **20** Continuing Education & Engagement (CEE) points through activities outlined in the ADRIC CEE Point System every year after being awarded the Q.Arb designation, and to provide ADRIC with a CEE activities report by December 31st each year.

**b) Membership**

I acknowledge that I am required to maintain my membership in good standing of a Regional Affiliate of ADR Canada including payment of the required registration fee.

**c) Insurance**

I will be required annually to provide proof of professional liability insurance of at least $1,000,000 per claim.

**d) Annual Designation Renewal**

The Q.Arb designation must be renewed annually by payment of the required fee. This is in addition to the annual membership fee.

**e) Compliance with Ongoing Requirements**

Failure to comply with ongoing requirements constitutes grounds for suspension or cancellation of the Q.Arb designation.

1. **CONSENT**

By signing and submitting this form, I consent to the information and supporting documentation relating to this application being disclosed to the following:

* The Regional Committee
* The Board of Directors of the relevant Regional Affiliate
* The National Committee
* The Board of Directors of ADR Canada

1. **PLEDGE**

I pledge to comply with the Code of Ethics of the ADR Institute of Canada and;

I acknowledge that a violation of the Code of Ethics could result in the revocation of my Q.Arb designation.

I understand that if my application assessment is successful, my regional affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC’s approval, the first year’s annual designation dues will be immediately payable (prorated if applicable) before the certificate is sent and my member profile updated.

I further understand that in addition to membership dues, payable to my Regional Affiliate, an annual designation fee (established from time to time by the Board of Directors) is payable to ADRIC every January to maintain my Qualified Arbitrator designation once granted.

1. **CERTIFICATION**

I certify that the information provided herein is complete and accurate and that, to the best of my knowledge, I am qualified for the designation of Q.Arb.

Date: Click or tap to enter a date.

Name (print): Click or tap here to enter text.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DECLARATION |  |

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| I declare that…   1. I am a member of good standing of the ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 2. I have met the criteria and conditions of educational theory and skills training as approved by ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 3. I have conducted the practical experience approved and required by ADR Institute of Canada, Inc. and the ADR Institute of Alberta. 4. I will provide additional supporting documentation if requested by the ADR Institute of Alberta. 5. Any misrepresentation by me in this application, or in any documentation I provide, will be sufficient cause for revocation of my Qualified Arbitrator designation and termination of my membership with my ADR Institute of Alberta. 6. I have read and agree to abide by the National Code of Ethics.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Signature Date |
| **C:\Users\ADRIA\Pictures\ADRAlbertaAffiliate_Logo.jpg** |
| **AUTHORIZATION FOR REFERENCE CHECK** |

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alberta, HEREBY AUTHORIZE any past or present employer, or other person, to furnish any applicable information and/or to participate in direct reference checks as requested by the ADR Institute of Alberta to assess my suitability for a designation granted by the ADR Institute of Canada.

I understand that such information will be held in strictest confidence by the ADR Institute of Alberta.

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Signature of Applicant

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| The personal information collected in, and in response to, this form is collected and managed in compliance with Alberta’s Personal Information Protection Act (PIPA). Information obtained will be used for the sole purpose of assessing the suitability of a person for a designation. |

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| **CONSENT TO VERIFY POST SECONDARY**  **ACADEMIC CREDENTIALS** | | | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alberta, HEREBY AUTHORIZE the ADR Institute of Alberta to contact the institutions that I have referenced, in order to validate the authenticity of identified post secondary academic credentials. These credentials can also include certificates obtained from an educational institution(s) offering training in ADR.  The consent will be valid for a period not to exceed one year from the date of signing. | | |
| **STUDENT INFORMATION:** | | |
| Surname  Click or tap here to enter text. | First Name  Click or tap here to enter text. | Middle Names  Click or tap here to enter text. |
| Maiden or previous name  Click or tap here to enter text. | | Date of Birth (month/date only) Click or tap here to enter text. |

ADRIA Use Only

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| --- | --- | --- | --- | --- | --- |
| Name of Institution | Academic Credential Received (degree/diploma/certificate) | | Date of Graduation (month/year only) | Date Verified | Initial of ADRIA Agent |
| 1. Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |
| 2. Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |
| 3. Click or tap here to enter text. | Click or tap here to enter text. | |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Witness  \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Applicant  \_\_\_\_\_\_\_\_\_\_\_\_\_  Date | | | |

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**Insurance DECLARATION**

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires active Chartered Mediators, Chartered Arbitrators, Qualified Mediators and Qualified Arbitrators to provide proof of a minimum of $1 million insurance coverage for their protection and for the protection of those for whom they provide services.

I hereby declare that:

I have errors and omissions insurance that covers me for all mediation and arbitration activities with a minimum limit of $1 million dollars. I agree to provide proof of current coverage immediately upon request. (I acknowledge that ADRIC runs a spot audit program that randomly requires that I provide proof of current coverage immediately upon request.)

I am insured under the ADRIC Insurance Program.

Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I act as an Arbitrator and/or Mediator for my employer only and do not perform arbitrations or mediations outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as an arbitrator or mediator other than within my employment.

I am fully retired and no longer conduct arbitrations or mediations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting any arbitration or mediation.

NAME:Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

TELEPHONE: Click or tap here to enter text.E-MAIL: Click or tap here to enter text.

SIGNATURE: DATE:Click or tap to enter a date.

**Professional Association Insurance Coverage**

Important note: If you are a member of a professional organization, you cannot assume that your organization's insurance covers you as an ADR practitioner.

**Qualified Arbitrator**

**Application Form Checklist**

**BEFORE SUBMITTING YOUR APPLICATION:**

This checklist has been designed to assist you in your application process and to ensure that all requirements have been met or addressed. Please submit this checklist with your application.

* I am a Full Member in good standing of the ADR Institute of Canada through one of the regional affiliates;
* Completed all parts of the application form (Fill out all areas in the form, not simply attaching supporting documents);
* I have attached a one page biographical outline
* Copy of Arbitration Course Certificate (40 hours or more);
* Confirmation of written examination related to the above Arbitration Course approved by ADRIC or one of its Affiliates;
* Completed and signed the Pledge;
* Insurance Declaration (signed);
* Paying the C.Arb Application Fee ($210 incl. GST) once invoiced; and
* Other information to support your application.