

Supervised Practice Mediation Assessment Application Form

Name of the applicant _____

Contact info 4

Phone number _____

Email 5

Request This form serves to request ADR Institute of British Columbia to organize a session for a Supervised Practice Mediation Assessment that meets ADR Institute of Canada criteria to apply for the Qualified Mediation (Q.Med.) designation. Initials: _____

Conditions The applicant confirms that he acknowledges the fact that no review on any other criteria to meet the requirements for the designation will be conduct in this process and only the Provincial Designation Committee will proceed with that after another requirement started by this applicant. These procedures are not connected and different documentation may be requested either by the organization, its national body and the committee. Initials: _____

Fee The applicant shall contact the office for paying the fee for this session – CA\$250.00. Within 3 days of the session this fee is not refundable, and will not be refundable in any case after the session takes place. This fee does not include any cost with the hours of the roleplayers that might be indicated by the applicant. Initials: _____

Availability Please indicate 4 options of dates no earlier than 15 days of when this application is submitted to ADRBC. ADRBC commits to make all the efforts to find an assessor available but does not assure that an assessor will be available. If ADRBC needs, the office will contact the applicant within 3 business days to request new availability.

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Do not send this form with any blank space.

Date: _____

Signature: _____

Name: _____