

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ PROVINCE: BC POSTAL CODE: \_\_\_\_\_  
 TELEPHONE: ( ) - - CELL PHONE: ( ) - -  
 FAX: ( ) - - EMAIL: \_\_\_\_\_

**1. Category of application:** *(Select all that apply.)*

- I plan on conducting med-arbs<sup>1</sup> of civil (non-family) disputes. I am a mediator in good standing on ADRBC'S Civil Roster, and:
- am a Chartered Mediator (C.Med) and a Chartered Arbitrator (C.Arb) or; Chartered Mediator (C.Med) and Qualified Arbitrator (Q.Arb) with the Alternative Dispute Resolution Institute of Canada (ADRIC), and/or
  - am experienced in conducting hearings and writing decisions *(please specify the organization(s), duration and details):*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- I plan on conducting med-arbs of family law disputes. I am a mediator in good standing on ADRBC's Family Roster, and:
- am a Law Society of British Columbia accredited Family Law Arbitrator, and/or
  - am a member in good standing of the College of Psychologists of British Columbia or the British Columbia College of Social Workers and am qualified to conduct family arbitrations under [Family Law Act Regulation Section 5\(2b\)](#).

**2. Training in med-arb:** *(Requirements: 7 hours of med-arb training including training on the unique nature of the med-arb process, the transition between mediation and arbitration, and the ethical issues specific to med-arb.)*

Courses in Med-Arb	Institution & Primary Trainer	Date	Hours
<b>Total Hours</b> <i>(minimum 7 hours)</i>			

**3. Experience:** (Requirements: at least 2 med-arbs<sup>2</sup>, where the process involved both mediation and arbitration phases, completed over the past 5 years as med-arbitrator. If the med-arbs resulted in mediated settlements without arbitration, please also include 2 separate arbitrations or arbitration related experiences.)

a) I have completed the minimum requirements. Over the past 5 years, I have completed \_\_\_\_\_ med- arbs in the following settings:

- involving both mediation and arbitration phases; and/or
- resulting in mediated settlements without arbitration.

b) Please describe your med-arb experience, such as when you began working in this capacity, what kinds of issues you have dealt with and in what settings.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your experience included med-arbs that resulted in mediated settlements without arbitration, please also describe your arbitration or arbitration related experiences.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> “Med-Arb”, as defined by the [Med-Arb: Standards of Conduct](#) is a hybrid process where, pursuant to a binding agreement, a med-arbitrator assists disputing parties to resolve their issues through mediation, or by deciding any unresolved issues through arbitration.

<sup>2</sup> “One med-arb” means a file in which all parties and med-arbitrator(s) signed a Med-Arb agreement or agreement to participate, and attended at least one session.

**4. Reference:** Please provide contact information for an individual reference who has observed your work as a med-arbitrator and is familiar with your med-arb skills. The reference must not be from an immediate relative or business partner. It can be from any other participant involved in your med-arbs, except an actual party, unless s/he is a repeat participant. The reference must support this application and must refer to your work as a med-arbitrator within the last five years.

Alternatively, the person providing the reference may have observed your work as either a mediator or arbitrator, and be familiar with your skills for the med-arb process. S/he must understand mediation, arbitration and med-arb processes.

Identify the name and contact information of the person who will be your reference:

Contact Name      Contact E-mail Address (      )      -     

**5. Personal information:**

a) Have you previously made application to any of ADRBC's rosters?:

yes       no

(If yes, please provide details here.)

b) Have you ever been convicted of a criminal offence? (If yes, please provide details)

yes       no

(If yes, please provide details here.)

c) Have you ever been found guilty of professional misconduct or been disciplined by a professional association or regulatory body?

yes       no

(If yes, please provide details here.)

d) Have you ever been denied an occupational or professional licence, or had such a licence revoked?

yes       no

(If yes, please provide details here.)

e) Have you ever been asked to provide an undertaking regarding the unauthorized practice of law to the Law Society of British Columbia or the law society of any other jurisdiction?

yes       no

(If yes, please provide details here.)

f) Based on your personal history, your current circumstances or any professional opinion or advice you have received:

i) Do you have a substance use disorder<sup>3</sup>?

yes       no

(If yes, please provide details here.)

ii) Have you been counseled or received treatment for a substance use disorder?\*

yes       no

(If yes, please provide details here.)

- g) Based on your personal history, your current circumstances or any professional opinion or advice you have received, do you have any existing condition that is reasonably likely to impair your ability to function as a mediator? If the answer is “yes” to the question above, please provide a general description of the impairment.\*

yes       no

(If yes, please provide details here.)

<sup>3</sup>Substance Use Disorder includes alcohol or drug abuse or dependence. For more exact diagnostic criteria for substance use disorders, refer to the Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (DSM-5) of the American Psychiatric Association.

\*A positive response does not necessarily make the applicant ineligible for admission. ADRBC reserves the right to assess, on an individual basis, the possible impact of the applicant’s history on the ability to conduct mediations.

## 6. Liability insurance:

I am a member in good standing of the Law Society of B.C., and am insured to practice law.

Or

I have attached proof of a minimum of \$2,000,000 aggregate and \$1,000,000 per incident in liability insurance coverage.

## 7. Application fee:

ADRBC will not charge an application fee to applicants who are current ADRBC members in good standing. Applicants who are not current ADRBC members in good standing will be required to become full ADRBC members in order to join the Med-Arb Roster.

Are you currently a full member in good standing of ADRBC?

Yes       No

If your answer to the above question is No, we invite you to [apply for ADRBC membership](#) in order to be eligible for application to the Med-Arb Roster.

Are you currently a member in good standing of the Med-Arb Roster of Mediators formerly managed by Mediate B.C..?

Yes       No

**8. Consent and Undertaking:**

- a) I, \_\_\_\_\_, give my consent for the ADRBC Roster Committee or Mediator Roster Manager to enquire into any representation made in connection with this application for the purpose of clarifying whether I have met the requirements for admission to the Roster.
- b)  I have read and understood the [Mediator Code of Conduct](#) which will bind me as a mediator of ADRBC's Med-Arb Roster, and that I undertake to adhere to and abide by those standards in my capacity as a Med-Arb mediator.
- c)  I undertake that as a mediator of ADRBC's Med-Arb Roster, I will advise ADRBC in writing, forthwith, if the status of answers to Question 6 b) to g) of this application should change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please note that being on the Med-Arb Roster does not guarantee work.***

*Please mail or email your completed application and attachments to:*

**ALTERNATIVE DISPUTE RESOLUTION INSTITUTE OF B.C.  
#327 – 1275 West 6<sup>th</sup> Avenue, Vancouver, B.C. V6H 1A6  
Tel: (604) 736-6611 / TF: 1-877-332-2264**

**Email: [rosters@adrbc.com](mailto:rosters@adrbc.com)**