

NAME: _____ **PRONOUNS:** _____

ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

TELEPHONE: _____ **CELL PHONE:** _____

FAX: _____ **EMAIL:** _____

1. RRM CONFIRMATION:

- ☐ I confirm I am a Registered Roster Mediator

2. ARBITRATION QUALIFICATIONS

(Please select all that apply)

- ☐ I am a C.Arb in good standing with ADRIC or a CIArb in good standing with the Chartered Institute of Arbitrators and have attached proof of my designation and standing.
- ☐ I have a certification equivalent to C.Arb. or CIArb from a recognized arbitration institute and attach proof of that certification and of good standing with the organization.
- ☐ I 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).
- ☐ I am a member in good standing of the Law Society of British Columbia and am accredited as a Family Law Arbitrator.
- ☐ I am an arbitration panelist in good standing with the Vancouver International Arbitration Centre (VanIAC), and I have conducted at least 10 arbitrations. I have attached confirmation from VanIAC.

3. TRAINING IN MED-ARB:

Applicants are required to have 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(s)	Date	Hours

Total Hours			

4. MED-ARB EXPERIENCE:

Requirements: At least 2 med-arb matters completed within the past 5 years, acting as med-arbitrator, where the process involved both mediation and arbitration phases. If the med-arb matters resulted in mediated settlement without proceeding to arbitration, please also include 2 separate arbitrations or arbitration-related experiences.

Number of Med-arb matters involving both mediation and arbitration phases _____

Number of Med-arb matters resulting in mediated settlement without arbitration _____

Number of separate arbitrations without mediation _____

5. BACKGROUND EXPERIENCE

A) 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.

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

6. SPECIALIZED DESIGNATION FEE

☐ I am an RRM in good standing and have made payment via [Interac E-transfer](#) as a non-refundable specialized designation fee of \$110.

Please note that Interac e-transfers should be directed to finance@mediatebc.com. Please specify the payment type in the notes field.

7. CONSENT:

I, _____, give my consent for Mediate BC's Admission Panel and 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 this specialized designation.

Date

Signature

Please note that specialized designation as a Med-Arb does not guarantee work.

*Please email your completed application and attachments to
mediators@mediatebc.com*

SAMPLE