



**MEDIATE BC SOCIETY
APPLICATION FORM: MED-ARB ROSTER**

Please note that this is a sworn document. We encourage applicants to exercise due care to ensure that information, particularly information with respect to courses taken and the length of those courses, is true and correct before swearing the document.

NAME: _____ **PRONOUNS:** _____

ADDRESS: _____

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

TELEPHONE: _____ **CELL PHONE:** _____

FAX: _____ **EMAIL:** _____

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

I plan on conducting med-arbs of civil (non-family) disputes. I am a mediator in good standing on Mediate BC's Civil Roster, and:

- am a Chartered Arbitrator (C.Arb) and have attached proof of designation,
- am an arbitration panelist in good standing of British Columbia International Commercial Arbitration Centre (BCICAC) and have attached confirmation from the organization, and/or
- have conducted hearings and written 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 Mediate BC'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\(2b\)](#).

¹ "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.

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
Total Hours			

3. Experience: *(Requirements: at least 2 med-arbs², 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.

² "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. References: *Please provide one written reference from an individual 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. It must be written to 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 is familiar with your skills for the med-arb process. She or he must understand mediation, arbitration and med-arb processes.

Identify the name and phone number of person who will be your reference:

The reference letter is confidential and is to be forwarded directly by the referee to Mediate BC.

5. Personal information:

a) Have you previously made application to any of the Society's Rosters?

Yes No

(If yes, please explain reason for reapplying):

b) Have you ever been convicted of a criminal offence?

Yes No

(If yes, please provide details):

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):

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

Yes No

(If yes, please provide details):

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):

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 liability insurance coverage for practicing med-arb with a minimum of \$2,000,000 aggregate and \$1,000,000 per incident

OR

I will obtain liability insurance (minimum of \$2,000,000 aggregate and \$1,000,000 per incident) upon acceptance to the Civil Roster.

7. Application fee:

I am a mediator in good standing on Mediate BC's Civil and/or Family Roster and have made the appropriate payment via [PayPal](#) as a non-refundable application fee.

OR

I am a mediator in good standing on Mediate BC's Civil and/or Family Roster and have made the appropriate payment via [Interac E-transfer](#) as a non-refundable application fee.

Please note that Interac e-transfers should be directed to finance@mediatebc.com.

8. Consent and undertaking:

(a) I, _____, give my consent for the Admission 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 Med-Arb Roster.

(b) I have read and understood the [Med-Arb: Standards of Conduct](#) which will bind me as a Registered Roster Med-Arbitrator of Mediate BC’s Med-Arb Roster, and that I undertake to adhere to and abide by those standards in my capacity as a Registered Roster Med-Arbitrator.

(c) I undertake that as a Registered Roster Med-Arbitrator of Mediate BC’s Med-Arb Roster, I will advise Mediate BC in writing, forthwith, if the status of answers to Question 1 and 5 b) to e) of this application should change.

Date Signature

9. Statutory declaration:

I hereby swear or affirm that:

(a) I am the applicant described in this application, and

(b) the information and undertaking in this application form and its attachments are true and correct.

SWORN or AFFIRMED)
before me at _____)
in the Province of British Columbia)
this ____ day of _____, 20____)
_____) _____
Commissioner for taking affidavits for the) Signature
Province of British Columbia)

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

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