

Name: _____ Preferred Pronouns: _____ Date: _____

1. 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 in current liability insurance coverage; or
- I have forwarded proof of current liability insurance coverage under separate cover.

2. Mediator information update:

- I have reviewed the information listed on my [online profile](#).

Signature: _____

3. Mediations: *(Please note that while this information is requested for renewal, it is collected for statistical information only and the number of disputes mediated has no effect on your renewal.)*

- I have conducted _____ (number) civil mediations* in the last year.
**Please count a "mediation" as a single case or dispute regardless of the number of sessions held.*

4. Renewal fee:

- I have made an [e-transfer](#) in the amount of **\$141.75** (\$135 + GST) for the roster renewal fee.
- I have made an [online PayPal payment](#) in the amount of **\$141.75** (\$135 + GST) for the roster renewal fee.

Confirmation of roster renewal will be sent by email.

Please send your completed form and any attachments to:

**Mediate BC Society
Mediator Roster Program
mediators@mediatebc.com**

Name: _____ **Date:** _____

The Mediate BC Society requires all Roster practitioners to complete 12 hours of mediation specific training or education, including at least 7 hours of formal learning in a structured setting. The remaining 5 hours of the requirement may include activities such as reading articles, blogs or other DR literature, writing or researching, to name a few.

The 7 hours “formal learning” is aimed at encouraging ongoing learning in a structured setting. Many forms of learning will satisfy this requirement, including course work, webinars, podcasts, peer study groups, conferences, teachings, ADR sub-section meetings and the like. This is not an exhaustive list, only some examples of the type of structured learning that will suffice.

Please describe below the specific activities in which you have been involved to fulfil this requirement:

Date(s): _____ Duration (*number of hours*): _____
Activity (*Please provide a brief description*): _____

Instructor(s)/Location/Institution (*if applicable*): _____

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Activity (*Please provide a brief description*): _____

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Activity (*Please provide a brief description*): _____

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Activity (*Please provide a brief description*): _____

Instructor(s)/Location/Institution (*if applicable*): _____

**PROFESSIONAL DEVELOPMENT
& ONGOING EDUCATION**

Date(s): _____ Duration (*number of hours*): _____
Activity (*Please provide a brief description*): _____

Instructor(s)/Location/Institution (if applicable): _____

I, the undersigned, verify that the information in this form is correct to the best of my knowledge, and I give my consent to Mediate BC's Roster Program to enquire into any representation made herein.

Signature: _____

Please send your completed summary to:
[**mediators@mediatebc.com**](mailto:mediators@mediatebc.com)