

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) of family mediations/co-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](mailto: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*): \_\_\_\_\_

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

\_\_\_\_\_  
Instructor(s)/Location/Institution (*if applicable*): \_\_\_\_\_

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

\_\_\_\_\_  
Instructor(s)/Location/Institution (*if applicable*): \_\_\_\_\_

Date(s): \_\_\_\_\_ Duration (*number of hours*): \_\_\_\_\_  
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: \_\_\_\_\_

Date: \_\_\_\_\_

*Please send your completed summary to:*

**[mediators@mediatebc.com](mailto:mediators@mediatebc.com)**