

Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Date: \_\_\_\_\_

**1. Professional development and ongoing education:** I have attached my Continuing Professional Development form.**2. 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.**3. Profile information update:** I, the undersigned, verify that the information on my online Roster profiles is updated and correct to the best of my knowledge, and I consent to the release of that information.

Signature: \_\_\_\_\_

**4. Mediations:** *(Please note that while this information is required for renewal, it is collected for statistical information only and has no effect on your renewal.)* I have conducted \_\_\_\_ number of civil mediations\* in the last year, of which \_\_\_\_ were workplace mediations. I have mediated \_\_\_\_ number of family mediations\* in the last year and \_\_\_\_ of child protection mediations.*\*Please count each as a single case or dispute regardless of the number of sessions held.***5. Roster renewal fee:** I have made an [online Interac E-transfer payment](#) in the amount of **\$485.63** (\$462.50 + GST) for the roster renewal fee. I have made an [online PayPal payment](#) in the amount of **\$485.63** (\$462.50 + GST) for the roster renewal fee.***Confirmation of roster renewal will be sent by email.****Please email your completed form and any attachments to:***Mediate BC Society**  
**Mediator Roster Program**  
**[mediators@mediatebc.com](mailto:mediators@mediatebc.com)**



**PROFESSIONAL DEVELOPMENT  
& ONGOING EDUCATION**

**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 ( <i>number of hours</i> ): _____
Activity ( <i>Please provide a brief description</i> ): _____
_____
_____
Instructor(s)/Location/Institution ( <i>if applicable</i> ): _____

Date(s): _____ Duration ( <i>number of hours</i> ): _____
Activity ( <i>Please provide a brief description</i> ): _____
_____
_____
Instructor(s)/Location/Institution ( <i>if applicable</i> ): _____

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): \_\_\_\_\_

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 email your completed summary to:*

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