



# Family Mediation Canada Médiation Familiale Canada

## APPLICATION FORM

FOR CERTIFICATION AS

FMC FAMILY RELATIONS MEDIATOR OR

FMC COMPREHENSIVE FAMILY MEDIATOR

*Please complete this form for one of the above designations*

### 1. Applicant information:

Name: \_\_\_\_\_ Addresses: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Telephone: Home (     ) \_\_\_\_\_ Work (     ) \_\_\_\_\_

Fax (     ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Membership and qualifications in any other related organizations \_\_\_\_\_

Brief description of the professional context of your mediation practice \_\_\_\_\_

Family mediation experience: \_\_\_\_\_

Number of family mediations completed  0-10  1-25  26-100  over 100

**2. Curriculum vitae:** Please attach your curriculum vitae outlining your education and professional qualifications and achievements

**3. Family mediation training:** Please complete either Chart (A) for the Family Relations designation or Chart (B) for the Comprehensive Family Mediator designation. (Following pages). Attach extra pages if necessary.

**(A) Family Relations Mediator**

Subject areas	Hours required	Courses	Trainer(s)	Hours	Date taken
<b><u>(A) Basic training:</u></b> Basic conflict resolution and mediation theory education and skills training, including intercultural training	At least 80				
<b><u>(B) Additional Training:</u></b> Further related education and training	At least 100 including the hours below				
- Family Dynamics of separation and divorce	At least 35				
- Family and child law:	At least 14				
- Power imbalance and dynamics and effects of abuse	At least 21				
- Financial Issues including support	At least 7				
- Ethical Issues	At least 7				
- Drafting Memorandums/Agreements	At least 7				
Other elective hours					
Total hours A + B					

**(B) Comprehensive Family Mediator**

Subject areas	Hours required	Course	Trainer(s)	Hours	Date taken
<b>(A) Basic training:</b> basic conflict resolution and mediation theory education and skills training including intercultural training	At least 80				
<b>(B) Additional Training:</b> further related education and training	At least 150 hours including hours below				
- Family Dynamics of separation and divorce	At least 35				
- Child Law	At least 21				
- Power imbalance and effects of abuse	At least 21				
- Legal and Financial Issues	At least 42				
- Ethical Issues	At least 7				
- Drafting Memorandums/Agreements	At least 7				
Other elective hours					
Total A + B					

4. Proof of practicum completed: as set out in Section 5.7 of the FMC Standards ( please attach your certificate of completion from your practicum placement) or if you have practiced for at least two years, two peer evaluations from experienced family mediators. Please list the names of your peer evaluators and provide their email or mailing address so that a reference package can be sent to them to complete.

i.

ii.

5. If you have completed your training and have practiced for more than one year, please *specify the 20 hours of continuing family mediation education you completed last year. If your original basic mediation training is more than five years old, please specify the continuing education completed over the last three years. Please note the requirement that at least 14 hours of continuing education in the last three years must be conflict resolution and/or mediation skills training.* Indicate dates, trainers, institutions and duration.

6. List any disciplinary actions taken against you by any professional association(s). Include date, name of professional body, type of disciplinary action and result.

7. List any ethical difficulties or criminal convictions relevant to a family mediation practice.

8. Names of people who will complete the three reference forms and please include their emails or mailing address so that a reference package can be sent to them to complete. (The referee may be the same as the two listed as peer evaluations in Section #4)

i.

ii.

iii.

9. Specify any matters that might affect negatively the general public's perception of your ability to adhere to FMC's Code of Professional Ethics.

10. Provide proof of liability insurance coverage (by self or employer).

## **CONFIDENTIALITY**

Subject to the right of Family Mediation Canada to release, for educational or research purposes, certification assessment documents, data and information that does not identify me personally, I understand and agree that only Family Mediation Canada, the Certifying Administrator or his/her

designate and the Certifying Assessors of Family Mediation Canada shall retain certification records that identify me personally. Unless I give my consent in writing, assessment material submitted by me for certification and test results may only be released by FMC for educational and research purposes after information identifying me personally has been removed.

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province/Territory*

\_\_\_\_\_  
*Postal Code*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

FMC Certifying Administrator/designate \_\_\_\_\_ Date \_\_\_\_\_

I hereby give me express consent in writing allowing Family Mediation Canada to use, for non-profit educational or research purposes, the following assessment documents and video tapes submitted by me even though I am personally identified:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*Province/Territory*

\_\_\_\_\_  
*Postal Code*

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

FMC Certifying Administrator/designate \_\_\_\_\_ Date \_\_\_\_\_

**STATUTORY DECLARATION**

I hereby certify that I am a member in good standing of Family Mediation Canada and that I adhere to the standards set out in the FMC Practice, Certification and Training Standards and the FMC Code of Ethics.

I hereby swear or affirm that the information in this application form and its attachments is true and correct.

I give my consent to the Certification Administrator(s) to inquire about any professional disciplinary actions and/or criminal convictions recorded against me.

SWORN BEFORE ME at

\_\_\_\_\_ )

in the Province of \_\_\_\_\_ )

\_\_\_\_\_ )

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ )

\_\_\_\_\_ )

\_\_\_\_\_ )

Commissioner for taking Affidavits \_\_\_\_\_ )

for the Province/Territory of \_\_\_\_\_ )

\_\_\_\_\_

(Signature)

**PLEASE PRINT THIS FORM, SIGN AND DATE IT, AND MAIL IT TO:**

The Certification Committee  
Family Mediation Canada

#180 – 55 Northfield Dr. E.  
Waterloo, ON  
N2K 3T6

**Please keep a copy for your records.**

**Note: Your application isn't complete until Family Mediation Canada has received all of your letters of reference (one from each referee sent under separate envelope), and verification that you have completed the practicum component.**

If you have any questions about this form please feel free to contact us at:  
[fmc@fmc.ca](mailto:fmc@fmc.ca)

Phone: (519) 585-3118, or toll-free: 1-877-362-2005

Fax: (416) 849-0643