



APPLICATION FORM
 for the designation
CHARTERED ARBITRATOR

I REQUIRED INFORMATION

1. APPLICANT

Name _____

Mailing Address _____

Tel: (____) _____ Fax: (____) _____ Email _____

Occupation _____

(Please attach a one page biographical outline)

2. EDUCATION

a) General

Degrees/Certificates	Year Granted	Institution Name	Location

b) Arbitration Training

Describe the training (program, instructor, duration, date) which you have taken in arbitration theory and skills and your related study or training in dispute resolution generally, such as the psychology of dispute resolution, negotiation, public consultation, mutual gains bargaining, communication, conflict management, etc. Attach evidence of completion of these programs, where available.

c) Employment Record

Outline your employment history for the past 10 years, listing employers and type of employment

3. ARBITRATION EXPERIENCE

a) Indicate number of times in each category.

	Commercial	Labour	Landlord / Tenant	Insurance	Other (Identify)	Other (Identify)
Sole Arbitrator						
Board Chair						
Board Member						
Referee						
Counsel/Agent						

b) What percentage of this arbitration was fee paid? _____

c) Number of years you have practiced as an arbitrator. _____

d) Are you certified, accredited, or chartered as an arbitrator elsewhere?

No Yes: Where? _____

e) What percentage of your overall work time is spent as an arbitrator? _____ %

Please attach copies of some of your recent awards with this application, as further demonstration of your arbitration experience.

4. OTHER INFORMATION

a) Outline other relevant experience.

b) Provide any other information which supports your application.

c) List all dispute resolution organizations of which you are a member and the date of admission.

d) Have you previously applied for a Chartered Arbitrator designation?

No Yes: When? _____

II PLEDGE

As a Chartered Arbitrator, I pledge to comply with the Code of Ethics of the Institute.

I understand that a violation of the Code of Ethics could result in the revocation of my Chartered Arbitrator designation

I further understand that an annual fee, established from time to time by the Board of Directors, will be levied by the Institute to maintain my Chartered Arbitrator status once granted.

I certify that the information provided herein is complete and accurate and that, to the best of my knowledge, I am qualified for the designation of Chartered Arbitrator.

Date: _____

Name (print) _____

Signature: _____