



ADR Institute of Canada, Inc.

## Chartered Mediator and Qualified Mediator Continuing Education Reporting Form

**Please complete the following form and submit to your regional affiliate. Contact your Regional Affiliate if you need assistance or additional information.**

Name:.	Certificate #:
Regional Affiliate:	Membership #
Business Title:	Designation Expires:
Company:	
Email:	
Company Address:	Residence Address:
Bus. Tel:	Res: Tel:
Please send correspondence to: Business <input type="checkbox"/> Residence <input type="checkbox"/>	
Checklist: <input type="checkbox"/> Current biography, resume, curricula vitae is attached <input type="checkbox"/> C. Med or Qualified Mediator Continuing Education Fee and membership fee as charged by the affiliate <input type="checkbox"/> C. Med or Qualified Mediator Renewal Fee charged by national	

**Summary of Points accumulated for this application:**

Enter total accumulated points for each category (from the Education and Engagement Log). You need a minimum of 100 points to maintain the C. Med. designation and 60 points to maintain the Qualified Mediator designation over a 3 year period. Points can be earned in any or all of the categories.	<b>Declaration:</b> I declare that this is an accurate record for the three _____ year _____ period ending _____ . I will provide supporting documentation on request by the (enter affiliate name). Any misrepresentation by me in this application, or in any documentation I provide, will be sufficient cause for revocation of my C.Med or Q. Med. designation and/or termination of my membership with my ADRIC regional affiliate. I have read and agree to abide by the National Code of Ethics.  Signature _____ Date _____																
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">CATEGORIES</th> <th style="width: 20%;">Points Assigned</th> </tr> </thead> <tbody> <tr> <td>Category A: Continuing Education</td> <td></td> </tr> <tr> <td>Category B: Leadership</td> <td></td> </tr> <tr> <td>Category C: Instruction</td> <td></td> </tr> <tr> <td>Category D: Significant Work Projects/Initiatives</td> <td></td> </tr> <tr> <td>Category E: Research or Publication</td> <td></td> </tr> <tr> <td>Category F: Repeat Initial Application Process</td> <td></td> </tr> <tr> <td style="text-align: right;"><b>Combined Total</b></td> <td></td> </tr> </tbody> </table>	CATEGORIES	Points Assigned	Category A: Continuing Education		Category B: Leadership		Category C: Instruction		Category D: Significant Work Projects/Initiatives		Category E: Research or Publication		Category F: Repeat Initial Application Process		<b>Combined Total</b>		
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**For use by Affiliate:**

Last membership dues paid: _____	Renewal Fee paid: _____
Date received: _____	Renewal Approved: _____
Renewal Expires: _____	

Complete the following log to show points earned. Refer to the Instruction Form for information about each category.

CATEGORY A:	Briefly describe your activities	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments

CATEGORY B:	Briefly describe your activities	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments

CATEGORY C:	Briefly describe your activities	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments

CATEGORY D:	Briefly describe your activities	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments

CATEGORY E:	Briefly describe your activities	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments

CATEGORY F:	Briefly the application process	Point Value (from guide)	Points earned	Dates (To/From)	Hours	Comments