

FMC FAMILY MEDIATOR CERTIFICATION
APPLICATION FORM

APPLICATION FORM

(5 pages)

FOR CERTIFICATION AS

FMC FAMILY RELATIONS MEDIATOR
OR

FMC FAMILY FINANCIAL MEDIATOR
OR

FMC COMPREHENSIVE FAMILY MEDIATOR

Please only apply 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:

ADR Canada _____

CRNC _____

Provincial organization _____

ACR _____

Other _____

The professional context of your family mediation practice:

Court mediator

Private practice

Other _____

Your family mediation "style" or model of practice:

Your family mediation experience:

Number of family mediations completed: 0-10 o 11-25 o 26-100 o over 100 o

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

3. Family mediation training: Please complete either page 2-a, 2-b, or 2-c.
Attach extra pages if necessary.

**FMC FAMILY MEDIATOR CERTIFICATION
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(a) Family Relations Mediator

Please list only the hours necessary to meet the requirements

Subject areas	Hours required	Courses	Trainer(s)	Hours	Date taken
(A) Basic training:	At least 80 hours				
Basic conflict resolution and mediation theory education and skills training, including intercultural training					
(B) Additional family 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	At least 3				
Other elective hours					
Total hours (A + B)					

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(b) Family Financial Mediator

Please list only the hours necessary to meet the requirements

Subject areas	Hours required	Courses	Trainer(s)	Hours	Date taken
(A) Basic training:	At least 80 hours				
Basic conflict resolution and mediation theory education and skills training, including intercultural training					
(B) Additional family training:	At least 100 including the hours below				
- Family dynamics of separation and divorce	At least 14				
- Child support law	At least 7				
- Power imbalance and dynamics and effects of abuse	At least 21				
- Legal and financial issues	At least 42				
- Ethical Issues	At least 7				
- Drafting	At least 3				
Other elective hours					
Total hours (A + B)					

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(c) Comprehensive Family Mediator

Please list only the hours necessary to meet the requirements

Subject areas	Hours required	Courses	Trainer(s)	Hours	Date taken
(A) Basic training:	At least 80 hours				
Basic conflict resolution and mediation theory education and skills training, including intercultural training					
(B) Additional family training:	At least 150 including the hours below				
- Family dynamics of separation and divorce	At least 35				
- Child law	At least 21				
- Power imbalance and dynamics and effects of abuse	At least 21				
- Legal and financial issues	At least 42				
- Ethical issues	At least 7				
- Drafting	At least 3				
Other elective hours					
Total hours (A + B)					

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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.

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. Any disciplinary actions taken against you by any professional association(s)? yes no
If yes, please include date, name of professional body, type of disciplinary action and result.

7. Any ethical difficulties or criminal convictions relevant to family mediation practice? yes no
If yes, please explain.

8. Names of people who will complete the three reference forms (they may be the same as the two listed as peer evaluations in Section #4).

i.
ii.
iii.

9. Any matters that might affect negatively the general public's perception of your ability to adhere to FMC's Code of Professional Ethics? yes no If yes, please explain:

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

Attached to this application form

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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 the Executive Director, the Certifying Administrator 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 I submit 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 (please print)

Signature

Street Address

City

Province/Terr.

Postal Code

Signed this _____ day of _____, _____.

Witness _____

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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 _____, 200 .

Signature of Certification Candidate

Commissioner for taking Affidavits
for the Province/Territory of _____

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**CONFIRMATION OF PRACTICUM EXPERIENCE
(3 pages)**

This is to confirm that _____
(Name of applicant for FMC certification)

participated satisfactorily in a practicum in family mediation supervised by me on

_____ at _____
(Date) (Location)

1. Please indicate the applicant's level of completion in each of the following components of the practicum:

p At least 20 hours of involvement in actual mediation session

Comments _____

p At least 10 hours of consultation with the practicum supervisor

Comments _____

p The opportunity to progress from observing experienced mediators in mediation sessions, to co-mediating with an experienced mediator, to mediating under supervision

Comments _____

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**CONFIRMATION OF PRACTICUM EXPERIENCE
Page 2**

2. The following personal attributes are often listed as characteristics of an effective family mediator. Please give at least two or three (2-3) examples of how some of these characteristics relate to this candidate.

Personal attribute	Examples
1. Non-directive, non-judgmental nature, respects clients' autonomy	
2. Warm, empathetic, genuinely likes people	
3. Ability to be firm and assertive	
4. Ability to separate professional from personal	
5. Self-awareness re own culture, values and biases	
6. Flexible, lacks rigidity	
7. Experience with diversity of life and acceptance of differences	
8. Interpersonal understanding and intelligence	
9. Ability to be calm, level-headed, caring in face of hostility and tension	
10. Problem solving skills with clear, creative imagination	
11. Clarity and ability to demystify and simplify human problems	
12. Common sense	
13. Intuition and perception	
14. Comfort with ambivalence, uncertainty and ambiguity	
15. Patience	
16. Sense of humour	
17. Willingness to learn by asking and listening	
18. Sense of humility	
Other:	

CONFIRMATION OF PRACTICUM EXPERIENCE

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May we contact you if more information is required? yes no

Name

Position

Address

_____ _____ _____
Phone Fax E-mail

Signature

Date

PLEASE MAIL TO:

**THE CERTIFYING ADMINISTRATOR
FAMILY MEDIATION CANADA
528 VICTORIA STREET NORTH
KITCHENER, ONTARIO
N2H 5G1**

fmc@fmc.ca

PHONE (519) 585-3118

FAX (519) 585-3121

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LETTER OF REFERENCE

(3 pages)

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To be used by all referees

Re: _____

You are asked by the above noted applicant to provide a reference concerning their suitability for certification as a family mediator. Please provide your candid responses to the following questions and include examples. If you can not answer a question, please indicate your inability to comment. If the space is not sufficient, please attach further notes. Thank you for your time. Your comments are an important part of this certification process.

1. In what capacities do you know this applicant?

- Client
- Colleague--peer review
- Other _____

What is your direct or indirect knowledge of the applicant's mediation practice either from first hand observation or indirectly from client's comments?

2. Do you have any concerns as to this applicant's suitability to be certified? Give examples.

3. Please comment specifically and give examples of this person's strengths and weaknesses in terms of how he/she interacts with clients with respect to:

(a) professional/ethical/honest behaviour:

(b) respect for clients' autonomy?

(c) family mediator knowledge and skills?

(d) timing and appropriateness of application of knowledge and skills?

LETTER OF REFERENCE

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4. During what period of time did you know or work with this applicant in his/her capacity as a mediator? _____

5. Approximately how many mediations, done by this applicant, have you observed? _____

6. The following personal attributes are often listed as characteristics of an effective family mediator. Please give at least two or three (2-3) examples of how some of these characteristics relate to this candidate.

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2. Warm, empathetic, genuinely likes people	
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18. Sense of humility	
Other	

LETTER OF REFERENCE

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7. May we contact you if more information is required? yes no

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Name

Position

Address

Phone Number

Fax

Email

Signature

Date

PLEASE MAIL TO:

**THE CERTIFYING ADMINISTRATOR
FAMILY MEDIATION CANADA
Suite 180-55 Northfield Dr. E
Waterloo, ON N2K 3T6**

fmc@fmc.ca

PHONE 519-585-3118 / 1-877-FMC-2005

FAX 416-849-0643