*Application Number (Office Use Only):*

# Application Form for the Designation

# of Chartered Arbitrator C. Arb.

 *For Office Use Only:*

*Application Received Date*

*Application Fee Received Date*

**Please note the following:**

* You must be a Full member in good standing of the ADR Institute of Alberta, which includes a membership with ADR Canada to apply to be a Chartered Arbitrator.
* Applications for the C.Arb are to be provided to your regional affiliate.
* Proof of Errors and Omissions Insurance in the amount of at least $1 million aggregate must be provided with this application.
* You will be invoiced for the application filing fee and your application will not be processed until your application fee of $200 plus GST has been received. There will be **no fee** for **Chartered** applications in February & June 2021.
* Your application must be provided in legible form and with all attachments clearly labeled as directed in this application form.
* Incomplete applications will not be processed.
* The preferred method of receiving applications is by email with required documents attached separately to membership@adralberta.com
* Designation dues are payable to ADRIC upon approval of your application and annually thereafter on January 1st.
1. **REQUIRED INFORMATION**

|  |  |
| --- | --- |
| **APPLICANT NAME:** | Click or tap here to enter text.  |
| **COMPLETE MAILING ADDRESS:** | Click or tap here to enter text.  |
| **TELEPHONE (BUS):** | Click or tap here to enter text.  |
| **TELEPHONE (CELL):** |  Click or tap here to enter text.  |
| **EMAIL:** |  Click or tap here to enter text.  |
| **PRIMARY OCCUPATION:** |  Click or tap here to enter text.  |

\***Please attach a one page biographical outline.**

1. **FORMAL EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| **Degrees/Certificates** | **Year Granted** | **Institution Name** | **Location** |
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**If you require more space, please provide as ATTACHMENT 2**

1. **EMPLOYMENT**

Please outline your employment for the past 10 years, listing employers, dates and type of employment.

|  |  |  |
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| **Employer** | **Dates** | **Type Of Employment** |
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**If you require more space, please provide as ATTACHMENT 3**

1. **ARBITRATION EDUCATION**
2. **ARBITRATION TRAINING (minimum 40 hours)**
3. To qualify for the C.Arb designation, you must have successfully completed a course or study of 40 hours or more in arbitration and hearing procedure approved by ADRIC or one of its Regional Affiliates. For a list of additional approved courses see http://adric.ca/adric-accredited-courses/
4. Provide details of all your arbitration training, including any training in excess of the 40 hour minimum requirement.
5. You must submit copies of certificates or course grade reports or other proof of educational requirements with this application. **Please attach these documents as Attachment 4(d).**

If you wish to have a course that is not approved by ADRIC or one of its Regional Affiliates, please contact your Regional Affiliate for further information.

List 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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Courses/Degrees/****Certificates** | **Year****Granted** | **Institution Name** | **Approved by** | **Number****Of Hours** | **Location** |
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 **If you require more space to complete this section please provide as ATTACHMENT 4(d)**

1. **Written Examination**

You must have successfully completed a written examination relating to a course approved by ADRIC or one of its Regional Affiliates within the last 10 years. Please provide the following information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Course** | **Approving Affiliate** | **Instructor** | **Year of Completion** |
| Click or tap here to enter text.  | Click or tap here to enter text. | Click or tap here to enter text.  |  Click or tap here to enter text.  |

1. **ARBITRATION EXPERIENCE**
2. Please list and give specifics regarding at least 10 fee-paid arbitrations1

|  |  |  |  |
| --- | --- | --- | --- |
|  | **No. of Parties** | **Issues Arbitrated** | **Hearing hours** |
| 1 | Click or tap here to enter text. | Click or tap here to enter text. |  Click or tap here to enter text.  |
| 2 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 4 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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| 8 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 9 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 10 | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If you require more space to complete this section please provide as ATTACHMENT 5(a)**

1 A “paid” arbitration is an arbitration where the arbitrator receives a salary, payment or reasonable honorarium specifically for arbitration services. The amount received by the arbitrator is not subject to any specific minimum amount, provided it is a legitimate and reasonable amount in the context within which the arbitration took place. In exceptional circumstances described in writing, where an unpaid arbitration is demonstrably complex and involved, the Regional Committee may, at its discretion, accept an unpaid arbitration as counting toward the total of 10 arbitrations required.

You must clearly have been the lead arbitrator or chairperson, not simply a co-arbitrator.

1. Indicate number of times in each category.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Commercial** | **Labour** | **Landlord / Tenant** | **Insurance** | **Other (Identify)** | **Other (Identify)** |
| **Sole Arbitrator** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Board Chair** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Board Member** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Referee** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Counsel/Agent** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If you require more space to complete this section please provide as ATTACHMENT 5(b)**

1. How many of these were fee paid? Click or tap here to enter text.
2. Number of years you have practiced as an arbitrator. Click or tap here to enter text.
3. What percentage of your overall work time is spent as an arbitrator? Click or tap here to enter text. %
4. **ARBITRATION AWARDS**

Please provide three (3) awards, redacted to remove personal or confidential information, as **ATTACHMENT 6.**

1. **LETTERS OF REFERENCE**

Please provide 3 letters of reference (1 character/personal and 2 professional) as **ATTACHMENT 7**. Letters of Reference should be forwarded to the Regional Affiliate directly by the referee. Please see the attached Letter of Reference Guidelines.

1. **WAIVER**

Where the Regional Committee determines that the applicant has satisfied or exceeded 4(a), Education requirements, and 4(b) Practical Experience requirements, as described in the current Principles, Criteria, Protocol and Competencies for the Designation Chartered Arbitrator, through proven skills and competency, longevity in practice and recognition and recommendation by peers, one or more of the requirements listed in 4(a) and 4(b) of that document may be waived.

Waiver of the Education and Experience Requirements based on proven skills and competency, longevity in practice and recognition or recommendation of peers is extremely rare.

Do you wish to apply for the waiver of Education and Experience Requirements?

 [ ] Yes [ ] No

If you are applying for the waiver of Education and Experience Requirements, please provide the following information marked as **ATTACHMENT 8**:

i. A summary of your education, arbitration (or related practice) including:

* length of time (years) arbitrating (or other relevant experience), identified as full or part time;
* number of hours per month or percentage of your time currently engaged as an arbitrator (or other relevant form of adjudication);
* estimated number of cases arbitrated (or adjudicated); and
* area(s) in which you perform most of your arbitrations (or adjudications), for example - commercial, insurance, labour, family, construction or other.

ii. Any awards or recognition related to arbitration or dispute resolution;

iii. Training and education programs developed and/or given by you;

iv. At least 3 letters of reference following the Letters of Reference Guidelines. Letters of Reference should be forwarded to the Regional Affiliate directly by the referee.

1. **OTHER INFORMATION**

a) Provide any other information which supports your application as **ATTACHMENT 9**.

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

Click or tap here to enter text.

c) Are you certified, accredited, or chartered as an arbitrator by any other organization? If so, please list below:

|  |  |
| --- | --- |
| **Organization** | **Date of Accreditation** |
| Click or tap here to enter text. | Click or tap here to enter text. |
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**If you require more space to complete this section please provide as ATTACHMENT 9(c)**

e) If you have previously applied for a Chartered Arbitrator designation, please provide the date and the Regional Affiliate through which you applied.

 Date­­­­: Click or tap here to enter text. Affiliate: Click or tap here to enter text.

1. **ONGOING COMMITMENTS**

**I acknowledge all of the following ongoing commitments as obligations of a member holding the C.Arb designation:**

**a. Continuing Education and Engagement**

I am required to accumulate and report annually, 33 Continuing Education and Engagement (CEE) points in accordance with the requirements of the [ADRIC CEE Program](https://adric.ca/professional-designations/continuing-education-engagement/).

**b. Membership**

I am required to maintain my membership in good standing of a Regional Affiliate of ADRIC including payment of the required registration fee.

**c. Insurance**

I will be required to sign and submit the Declaration of Insurance form, indicating that I have Errors and Omissions Insurance with a limit of at least $1 million aggregate or check the appropriate box for an exemption of the requirement. If I discontinue the insurance, I will notify ADRIC immediately.

The "Declaration of Insurance" relating to practice as an ADR professional must be provided with this application.

**d. Annual Designation Renewal**

The C.Arb designation must be renewed annually by payment of the required fee. This is in addition to the annual membership fee.

**e. Compliance with Ongoing Requirements**

Failure to comply with ongoing ADRIC requirements constitutes grounds for suspension or cancellation of the C.Arb designation.

**11. CONSENT**

By signing and submitting this form, I consent to the information and supporting documentation relating to this application being disclosed to:

* The Regional Committee
* The Board of Directors of the relevant Regional Affiliate
* The National Committee
* The Board of Directors of the ADRIC

**12. PLEDGE**

I pledge to comply with the Code of Ethics of the ADR Institute Canada and I acknowledge that a violation of the Code of Ethics could result in the revocation of my C.Arb designation.

I understand that if my application assessment is successful, my regional affiliate will forward my application to ADRIC with a recommendation for approval. On ADRIC’s approval, the first year’s annual designation dues will be immediately payable (prorated if applicable) before the certificate is sent and my member profile updated.

I further understand that in addition to membership dues, payable to my Regional Affiliate, an annual designation fee (established from time to time by the Board of Directors) are payable to ADRIC every January to maintain my Chartered Arbitrator designation 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 C.Arb.

Date:

Name (print)

Signature:

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| --- | --- |
|  |  |
| DECLARATION |

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| --- |
| I declare that…1. I am a member of good standing of the ADR Institute of Canada, Inc. and the ADR Institute of Alberta.
2. I have met the criteria and conditions of educational theory and skills training as approved by ADR Institute of Canada, Inc. and the ADR Institute of Alberta.
3. I have conducted the practical experience approved and required by ADR Institute of Canada, Inc. and the ADR Institute of Alberta.
4. I will provide additional supporting documentation if requested by the ADR Institute of Alberta.
5. Any misrepresentation by me in this application, or in any documentation I provide, will be sufficient cause for revocation of my Chartered Arbitrator designation and termination of my membership with my ADR Institute of Canada regional affiliate.
6. I have read and agree to abide by the National Code of Ethics.

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| **AUTHORIZATION FOR REFERENCE CHECK** |

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| --- |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alberta, HEREBY AUTHORIZE any past or present employer, or other person, to furnish any applicable information and/or to participate in direct reference checks as requested by the ADR Institute of Alberta in order to assess my suitability for a designation granted by the ADR Institute of Canada.I understand that such information will be held in strictest confidence by the ADR Institute of Alberta. |

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

|  |
| --- |
| The personal information collected in, and in response to, this form is collected and managed in compliance with Alberta’s *Freedom of Information and Protection of Privacy Act*. Information obtained will be used for the sole purpose of assessing the suitability of a person for a designation. |
|  |  |

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| --- |
| **CONSENT TO VERIFY POST SECONDARY****ACADEMIC CREDENTIALS** |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Alberta, HEREBY AUTHORIZE the ADR Institute of Alberta to contact the institutions that I have referenced, in order to validate the authenticity of identified post secondary academic credentials. These credentials can also include certificates obtained from an educational institution(s) offering training in ADR. The consent will be valid for a period not to exceed one year from the date of signing. |
| **STUDENT INFORMATION:** |
| Surname  | First Name  | Middle Names  |
| Maiden or previous name   | Date of Birth (month/date only)  |

*ADRIA Use Only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Institution | Academic Credential Received (degree/diploma/certificate) | Date of Graduation (month/year only) | Date Verified | Initial of ADRIA Agent |
| 1.  |  |  |  |  |
| 2.  |  |  |  |  |
| 3.  |  |  |  |  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date |

**Insurance DECLARATION**

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires active Chartered Mediators, Chartered Arbitrators, Qualified Mediators and Qualified Arbitrators to provide proof of a minimum of $1 million insurance coverage for their protection and for the protection of those for whom they provide services.

I hereby declare that:

[ ]  I have errors and omissions insurance that covers me for all mediation and arbitration activities with a minimum limit of $1 million dollars. I agree to provide proof of current coverage immediately upon request. (I acknowledge that ADRIC runs a spot audit program that randomly requires that I provide proof of current coverage immediately upon request.)

[ ]  I am insured under the ADRIC Insurance Program.

[ ]  Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I act as an Arbitrator and/or Mediator for my employer only and do not perform arbitrations or mediations outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as an arbitrator or mediator other than within my employment.

[ ]  I am fully retired and no longer conduct arbitrations or mediations. I agree to notify ADR Institute of Canada and provide proof of insurance before conducting any arbitration or mediation.

NAME:Click or tap here to enter text.

ADDRESS: Click or tap here to enter text.

TELEPHONE: Click or tap here to enter text.E-MAIL: Click or tap here to enter text.

SIGNATURE: DATE:Click or tap to enter a date.

**Professional Association Insurance Coverage**

Important note: If you are a member of a professional organization, you cannot assume that your organization's insurance covers you as an ADR practitioner.

**CHARTERED ARBITRATOR**

**Application Form Checklist**

**BEFORE SUBMITTING YOUR APPLICATION:**

Attach this checklist to the front of your application and tick boxes to ensure all information, documents, etc., are included with your application. DO NOT SEND if any information is missing. Inclomplete applications will be returned to the applicant.

* I am a member in good standing of the ADR Institute of Canada through one of the seven affiliates.
* Completion of a 40 hour arbitration course (exam included), approved by ADRIC. Please attach copy of certificate.
* I have attached a one page biographical outline.
* Brief description of 10 fee-paid arbitrations.
* Three copies of arbitration awards.
* Are you applying under “Longevity of Practice”?
* Signed copy of the “Declaration of Insurance” form.
* Three letters of reference.
* Complete your profile in your Member Portal with your bio, resume, and areas of practice etc. (Your application will not processed unless your profile is complete).
* Application filing fee of $210 incl. GST to be paid to ADRIA upon receipt of invoice.
* The application is typed or written legibly and is organized as required. Your application must be provided in legible form and with all attachments clearly labeled as directed in this application form.
* I understand that the Regional C.Arb Accreditation Committee will schedule an interview once the application passes the paper review.
* The ADR institute of Canada will levy an annual charge, beginning at the time the designation is approved. **Please be aware that this fee is not related to membership fees (regional or national).**

**ADR Institute of Canada, Inc.**

**Letter of Reference Guidelines for**

**Chartered Arbitrator Applicants**

The Chartered Arbitrator (C.Arb) designation indicates a high degree of experience and skill as an arbitrator and is the most senior designation awarded by the ADR Institute of Canada.

Letters of reference play an important part in the assessment of C.Arb applicants and we thank you for providing your candid assessment of the applicant.

Please forward your letter of reference directly to the following address:

**TO: ADRIA Designations Committee**

**ADR Institute of Alberta (ADRIA)**

 **#225 Tower 1**

 **3697 Mill Woods Road NW**

 **Edmonton AB T5K 3L6**

**info@adralberta.com** **/ Fax: 780-433-9024**

Please include the following information in your letter of reference:

1. Name of Applicant

2. Name, position and title of Referee

3. Contact information of Referee

4. Capacity in which you have known the Applicant in relation to his or her work as an Arbitrator

a. Party to an arbitration conducted by applicant

b. Counsel in arbitration conducted by applicant

c. Co-Arbitrator

d. Other

5. How well and for how long have you known the applicant

6. Please comment and provide your opinion of the applicant with respect to these competencies:

a. Ability to run and manage the arbitration process effectively in a fair, impartial and respectful manner;

b. Ability to get the facts, issues and perceptions of all parties clearly out on the table;

c. Ability to carry out the protocol required to initiate and complete an arbitration engagement, including the formalization of the engagement, procedures during the arbitration hearing and handing down issuing the award

d. Preserves party autonomy in decision making;

e. Regardless of settlement outcome, would work with this arbitrator again.

1. Any other comments you consider relevant to the evaluation of the applicant’s skill, ability and integrity as an arbitrator.