

*Application Number (Office Use Only):*

# Application Form for the Designation

# of Qualified Adjudicator (Construction)

# Q. Adj. (Const)

 *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 (ADRIA), which includes a membership with ADR Canada (ADRIC) to apply to be a Qualified Adjudicator (Construction).
* Applications for the Q.Adj (Const) 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 by your affiliate and your application will not be processed until your regional affiliate application fee has been received.
	+ ADR Alberta application fee is $200 +GST (waived for 2024 applications)
* Your application must be provided in legible form and with all attachments clearly labeled as directed in this application form.
* The preferred method of receiving applications is by email with required documents attached separately to membership@adralberta.com
* Incomplete applications will not be processed.
* Designation dues are payable to ADRIC upon approval of your application and annually thereafter on January 1st. *(waived for 2024 applications)*
1. **REQUIRED INFORMATION**

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| **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. **Are you a member in good standing?** Click or tap here to enter text.
2. **ADJUDICATION EDUCATION**

a. Successful completion of a minimum of forty hours of a construction adjudication training program approved by ADRIC; or

b. Candidates whose training has not previously been approved by ADRIC may submit the details of their training through their regional affiliate to ADRIC for review and potential approval in whole or in part.

NOTE: A Skills Assessment (which may be a written examination) is not required for a Qualified Construction Adjudicator designation. ADRIC reserves the right to require one at its discretion.

**Written Examination**

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

1. **PRACTICAL EXPERIENCE**

a. Note that relevant working experience must be related to the construction industry. Most affiliates and provinces require 10 years' experience. This may include working in the construction industry as an accountant, architect, engineer, quantity surveyor, project manager, engineer, arbitrator or lawyer.

b. No construction adjudication experience is required. However, experience in construction arbitration or referee services can be an asset.

Provide details of all your adjudication training, including any training in excess of the 40 hour minimum requirement. 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 II (a).**

If you wish to have a course that is not listed above approved, please contact your Regional Affiliate for further information.

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| **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 part of ATTACHMENT 2(a)**

1. **ONGOING COMMITTMENTS**

**I acknowledge all of the following ongoing commitments as obligations of a member holding the Q.Adj (Const) designation:**

1. **Continuing Education and Engagement**

I understand that I am required to accumulate **20** Continuing Education & Engagement (CEE) points through activities outlined in the ADRIC CEE Point System every year after being awarded the Q.Adj (Const) designation, and to provide ADRIC with a CEE activities report by December 31st each year.

NOTE: For those holding multiple designations, ADRIC strives to harmonize the CEE process.

**b) Membership**

I acknowledge that I am required to maintain my membership in good standing of a Regional Affiliate of ADR Canada including payment of the required fees.

**c) Insurance**

I will be required annually to provide proof of professional liability insurance of at least $1,000,000 per claim.

**d) Annual Designation Renewal**

The Q.Adj (Const) designation must be renewed annually in January by payment of the required fee. This is in addition to the annual affiliate membership fee.

**e) Compliance with Ongoing Requirements**

Failure to comply with ongoing requirements constitutes grounds for suspension or cancellation of the Q.Adj (Const) designation.

1. **CONSENT**

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

* The Regional Committee
* The Board of Directors of the relevant Regional Affiliate
* The National Committee
* The Board of Directors of ADR Canada
1. **PLEDGE**

I pledge to comply with the Code of Ethics of the ADR Institute of Canada and;

I acknowledge that a violation of the Code of Ethics could result in the revocation of my Q.Adj (Const) designation.

I understand that if my application assessment is endorsed, 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, waived for 2024) 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 ADRIC Board of Directors) is payable to ADRIC every January to maintain my Qualified Adjudicator Construction designation once granted.

1. **CERTIFICATION**

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 Q.Adj (Const).

Date: Click or tap to enter a date.

Name (print): Click or tap here to enter text.

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 Qualified Adjudicator Construction designation and termination of my membership with my ADR Institute of Alberta.
6. I have read and agree to abide by the National Code of Ethics.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Applicant Signature Date  |
| **C:\Users\ADRIA\Pictures\ADRAlbertaAffiliate_Logo.jpg** |
| **AUTHORIZATION FOR REFERENCE CHECK** |

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 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 Applicant

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| The personal information collected in, and in response to, this form is collected and managed in compliance with Alberta’s Personal Information Protection Act (PIPA). 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:** |
| SurnameClick or tap here to enter text. | First Name Click or tap here to enter text. | Middle Names Click or tap here to enter text. |
| Maiden or previous name Click or tap here to enter text. | Date of Birth (month/date only) Click or tap here to enter text. |

ADRIA Use Only

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

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**Insurance DECLARATION**

As part of the Gold Standard approach to ADR in Canada, the ADR Institute of Canada requires all active designation holders, both Chartered and Qualified, 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 adjudication 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 Adjudicator for my employer only and do not perform adjudications outside the scope of my employment. I agree to notify ADR Institute of Canada and provide proof of insurance before acting as an Adjudicator other than within my employment.

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.

**Qualified Adjudicator Construction**

**Application Form Checklist**

**BEFORE SUBMITTING YOUR APPLICATION:**

This checklist has been designed to assist you in your application process and to ensure that all requirements have been met or addressed. Please submit this checklist with your application.

* I am a Full Member in good standing of the ADR Institute of Canada through one of the regional affiliates;
* Completed all parts of the application form (Fill out all areas in the form, not simply attaching supporting documents);
* I have attached a one-page biographical outline
* Copy of Adjudicator Course Certificate (40 hours or more);
* Confirmation of written examination related to the above Adjudication Course approved by ADRIC or one of its Affiliates;
* Confirm that I will abide by the ADRIC code of ethics;
* Insurance Declaration (signed);
* Paying the Q.Adj (Const) Application Fee ($200 +GST) once invoiced (waived for 2024); and
* Other information to support your application.