

**THE BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY
2018 – 2019 RENEWAL OF MEMBERSHIP**

NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

CATEGORY OF RENEWAL:

I am a:

- lawyer
- mental health professional
- financial specialist

SECTION A: TO BE COMPLETED BY LAWYERS

I continue to be a member in good standing of the Law Society of BC.

- Yes
- No

SECTION B: TO BE COMPLETED BY MENTAL HEALTH PRACTITIONERS

I am a member in good standing of:

Regulatory Body: _____

Registration Number: _____

SECTION C: TO BE COMPLETED BY FINANCIAL SPECIALISTS

I am a member in good standing of:

Regulatory Body: _____

Professional Designation: _____

Membership number (if applicable) _____

SECTION D: TO BE COMPLETED BY ALL APPLICANTS

Personal Information:

1. Since last renewing your membership, have you been convicted of a criminal offence for which a pardon has not been granted?
 Yes
 No
(if yes, please provide details)

2. Since last renewing you membership, have you been found guilty of professional misconduct or been disciplined by a professional association or regulatory body?
 Yes
 No
(if yes, please provide details)

3. **Lawyers:** Are you currently the subject of a disciplinary citation or action, under professional conduct review by the Law Society of British Columbia, or do you have any practice restrictions on the practice of your profession?
 Yes
 No
(if yes, please provide details)

4. **Other Professionals:** Are you currently the subject of a disciplinary citation or action, under practice supervision, or do you have any practice restrictions on the practice of your profession?
 Yes
 No
(if yes, please provide details)

5. Since last renewing your membership, have you been denied an occupational license, or had such license revoked?
 Yes
 No
(if yes, please provide details)

Professional Information

6. I continue to be a member of the International Academy of Collaborative Professionals.
 Yes
 No

7. I continue to be a member of a Collaborative Practice Group that meets in person, via telephone, or web-based face-to-face meetings.
 Yes
 No
8. I maintain liability insurance in a minimum amount of \$1,000,000, either through my professional organization or third party coverage.
 Yes
 No
9. I have completed at least 14 hours of family violence training, including training on identifying, assessing, and managing family violence and power dynamics in relation to dispute resolution processes design, provided by the Justice Institute of British Columbia, by the Continuing Legal Education Society of British Columbia or by any other training provider that is recognized as providing high quality training in that field (“Domestic Violence Training”).
 Yes
 No
 (If training was with a training provider other than JIBC or CLE of BC, provide name of training provider and year of training):
10. In the last year, I have completed a minimum of twenty (20) hours of professional development or continuing education related to my collaborative practice, as set out below.

Of the 20 hours, at least seven (7) must be directly obtained from a collaborative skills training (please see bccollaborativerostersociety.com – trainings page to view trainings that qualify for this requirement). The remaining 13 hours may include:

- Mediation trainings
- Communication skills training
- Family systems or family development trainings
- Attendance at practice group events, including dinner meetings
- Attendance at workshops and lectures at the IACP Forum
- Other trainings as listed on the bccollaborativerostersociety.com trainings page.

Training	Institution, event, and/or Primary Trainer	Date	Hours

11. In the last year, I have maintained an active collaborative practice, and have met the minimum number of files as set out below:

- **Lawyers:** 3 collaborative files (participation agreements signed) or at least 15 hours of involvement in on-going Collaborative file(s).

Yes

No

- **Mental Health Professionals:** 2 collaborative files (participation agreements signed) or at least 10 hours of involvement in on-going Collaborative file(s).

Yes

No

- **Financial Professionals:** 1 collaborative files (participation agreements signed) or at least 5 hours of involvement in on-going Collaborative file(s).

Yes

No

In the event that a BCCRS member is not able to comply with the requirements set out in the minimum number of files (above) he or she must send a written report to the Board of Directors of the BCCRS explaining the circumstances surrounding non-compliance. The Board of Directors will review the written submission and may waive the requirement of minimum number of files in certain circumstances.

I have attached a cheque in the amount of \$350 plus 5% GST (\$17.50) for a total of **\$367.50** payable to the BC Collaborative Roster Society for the **2018 - 2019** membership year. OR e-transfer to info@bccollaborativerostersociety.com

Consent and affirmation

I, _____ give my consent for the Roster Committee to enquire into any representation made on this application for the purpose of clarifying whether I have met the requirements for admission to the BC Collaborative Roster Society.

I confirm that the information in this application form is true and correct and that:

- 1) I have read and understand the IACP Standards, Ethics and Principals (<https://www.collaborativepractice.com/professional/resources/iacp-standards-and-ethics.aspx>) which will bind me as a member of the BC Collaborative Roster Society, and I undertake to adhere to and abide by those standards in my capacity as a collaborative practitioner; and

- 2) I have read and understand the attached BC Collaborative Roster Society Standards of Conduct and I undertake to adhere to and abide by those standards in my capacity as a collaborative practitioner.

I agree that the BC Collaborative Roster Society may pass my name and contact details on to other publications/resources for the purpose of listing BC Collaborative Roster Society Members.

Signed: _____

Dated: _____

Please mail your completed application and application fee to:
BC Collaborative Roster Society c/o
403 – 1869 Spyglass Place
Vancouver, BC V5Z 4K7

Or email your completed application to **info@bccollaborativerostersociety.com** and OR e-transfer to info@bccollaborativerostersociety.com OR forward the cheque by mail to:

**BC Collaborative Roster Society c/o
403 – 1869 Spyglass Place,
Vancouver, BC V5Z 4K7**