

**THE BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY  
2021 – 2022 RENEWAL OF MEMBERSHIP**

<b>NAME:</b>
<b>ADDRESS:</b>
<b>TELEPHONE:</b>
<b>FAX:</b>
<b>EMAIL:</b>

**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 your 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  
  
(a) My IACP dues are current:  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 or equivalent professional/education experience (for mental health professionals), 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 [www.bccollaborativerostersociety.com](http://www.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](http://bccollaborativerostersociety.com) trainings page.

Training	Institution, event, and/or Primary Trainer	Date	Hours
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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) they 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.*

**Fees & Methods of Payment:**

**Lawyers and Financial Professionals:** I have attached a cheque or e-transfer in the amount of **\$367.50** (\$350 plus GST of \$17.50) payable to the British Columbia Collaborative Roster Society for the 2021-2022 membership year.

**Mental Health Professionals:** I have attached a cheque or e-transfer in the amount of **\$210.00** (\$200 plus GST of \$10.00) payable to the British Columbia Collaborative Roster Society for the 2021-2022 membership year.

**Part-Time Membership:** I have attached a cheque or e-transfer in the amount of **\$105.00** (\$100 plus GST of \$5.00) payable to the British Columbia Collaborative Roster Society for the 2021-2022 membership year. (Please note to qualify for part-time membership, you must have been on the Roster for 5 years; Identify as working only part-time; Training requirement is 5 hours).

*If you would like to mail your application and a cheque to the BC Collaborative Roster Society, please email our office at [info@bccollaborativerostersociety.com](mailto:info@bccollaborativerostersociety.com) to obtain our mailing address.*

**OR** email your completed application to [info@bccollaborativerostersociety.com](mailto:info@bccollaborativerostersociety.com) and e-transfer to [info@bccollaborativerostersociety.com](mailto: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: \_\_\_\_\_