

**THE BRITISH COLUMBIA COLLABORATIVE ROSTER SOCIETY  
2025 – 2026 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. In the last year, I have completed a minimum of fifteen (15) hours of professional development or continuing education related to my collaborative practice, as set out below.

- Of the 15 hours, at least seven (7) must be directly obtained from a collaborative skills training, collaborative practice group meetings and events, attendance at workshops and lectures through IACP; as well as trainings related to mental health and addictions. The remaining 8 hours may include: Up to 3 hours of active committee work in a collaborative practice group.

<b>Training</b>	<b>Institution, event, and/or Primary Trainer</b>	<b>Date</b>	<b>Hours</b>

*In the event that a BCCRS member is not able to comply with the requirements set out in the minimum hours of continuing professional education (above) they must send a written report (via email or letter) to the Membership Committee chair(s) of the BCCRS explaining the circumstances surrounding non-compliance. The Membership Committee, which may include consultation with the Board of Directors, will review the written submission and may waive the requirement of the minimum number of hours in certain circumstances.*

**10.** 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 (via email or letter) 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 2025-2026 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 2025-2026 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 2025-2026 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://irp.cdn-website.com/b7ff9c6a/files/uploaded/IACP\\_12.2023\\_Standards\\_and\\_Ethics.pdf](https://irp.cdn-website.com/b7ff9c6a/files/uploaded/IACP_12.2023_Standards_and_Ethics.pdf)) 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: \_\_\_\_\_