



**APPLICATION FORM
for the designation
QUALIFIED ARBITRATOR (Q.Arb)**

Please note the following:

- You must be a member in good standing of a Regional Affiliate of the ADR Institute of Canada (ADR Canada) to apply for the Qualified Arbitrator (Q.Arb) designation.
- Submit your application to your Regional Affiliate.
- Your application will not be processed until your application fee has been received. Contact your Regional Affiliate for the Q.Arb application fee.
- Your application must be provided with all attachments clearly labeled as directed in this application form.
- Incomplete applications will not be processed.

I. REQUIRED INFORMATION

a. Applicant

Name _____

Mailing Address _____

Bus Tel: _____ Bus Fax _____

e-mail: _____ Mobile: _____

Home Tel: _____

Occupation _____

b. Of which Regional Affiliate are you a member in good standing?

II. ARBITRATION EDUCATION

a. Arbitration Training (minimum 40 hours)

To qualify for the Q.Arb designation, you must have successfully completed a course of study of 40 hours or more in arbitration and hearing procedure approved by ADR Canada or one of its Regional Affiliates. For a list of approved courses go to:

Provide details of all your arbitration 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.

Courses/Degrees/Certificates	Year Granted	Institution Name	Approved by	Number of Hours	Location

If you require more space to complete this section please provide as part of ATTACHMENT II (a)

b. Written Examination

You must have successfully completed a written examination relating to a course approved by ADR Canada 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

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

III. ONGOING COMMITMENTS

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

a) Continuing Education and Engagement

I am required to accumulate a required number of Continuing Education and Engagement points within three years of being awarded the Q.Arb designation, and every three years thereafter, in accordance with the requirements of the Continuing Education and Engagement Program.

I am required to provide a report of points earned by returning the appropriate reporting form, with payment, within 3 years of being awarded the Q.Arb designation and every three years thereafter.

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 registration fee.





c) Insurance

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

Proof of insurance specifically relating to practice as an ADR professional must be provided within 30 days of being notified that the designation has been granted.

d) Annual Designation Renewal

The Q.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 requirements constitutes grounds for suspension or cancellation of the Q.Arb designation.

IV. 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

V. PLEDGE

I pledge to comply with the [Code of Ethics](#) of the ADR Institute of Canada and

1. I acknowledge that a violation of the [Code of Ethics](#) could result in the revocation of my Q.Arb designation.

VI. 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.Arb.

Date: _____

Name (print): _____

Signature: _____

