

THE MEDIATION COUNCIL OF ILLINOIS

P.O. Box 97, Cary, IL 60013

(312) 641-3000

www.mediationcouncilofillinois.org



MEDIATOR REFERRAL MEMBERSHIP

Renewal Application

Thank you for participating in the Mediator Referral Directory over the past year. It is time to renew your Referral Directory listing. This application requests detailed information and documentation and we thank you for your willingness to provide it. It is the only way we know how to be reasonably careful and consistent in trying to insure that those who are ultimately approved satisfy the qualifications on an ongoing basis. Also, due to the time and expense involved in screening applications, the \$75.00 annual application fee is not refundable regardless of whether the applicant is approved for the Referral Directory. Incomplete applications will not be approved. The documentation that is required in support of the application is listed below under Qualifications of Renewing Applicants. (The Board welcomes your feedback and ideas on these subjects.)

Qualifications of Renewing Applicants

1. Regular Member, in good standing, of The Mediation Council of Illinois.
2. Documentation of at least 6 hours *over the past year* of approved continuing education *in mediation or closely related topic*.
3. Documentation of current mediator malpractice coverage.
4. Documentation of current licenses, certifications and memberships in professionally *required* organizations.
5. Submission of a complete application including all required documentation and the *non-refundable* \$75 application fee.

1. Name _____

Organization or Firm Name _____

Mailing address _____

City _____ State _____ Zip Code _____

Telephone: _____ Facsimile: _____

E-Mail: _____

Please list all contact information as you want it to appear on our referral lists and our MCI web site.

I hereby authorize the Mediation Council of Illinois to utilize the information above at the discretion of MCI.

DATE: _____ SIGNATURE: _____

2. Please describe at least six hours of continuing education training *in mediation* during the past 12 months and attach your certificate of attendance or CEU certification or equivalent documentation for each program submitted.

Date: _____ Provider: _____

Description: _____

Date: _____ Provider: _____

Description: _____

3. Please provide the name of your mediator malpractice carrier, the effective dates of the policy and the types of mediation that are covered and attach **1) a copy of the current declarations page from your policy (Please note you are responsible for providing updated policy information should your policy expire prior to the term of your membership), and 2) any additional documentation that is necessary to show that your policy expressly covers you for mediation and the effective dates of the policy.** (Please note that some therapists' and counselors' policies do not expressly cover mediation and will not satisfy this requirement. Please review your policy carefully and be sure to submit all portions that are necessary to satisfy this requirement.)

Effective Dates: _____ Carrier: _____

Description of Mediation Coverage Stated in Policy: _____

4. In the past year, have there been any changes in your status with respect to certification, licensure or required memberships in organizations related to your professional endeavors in the past year? **If changes have occurred since your last renewal/application, attach documentation of any licenses, certifications and memberships in professionally required organizations you hold.**

_____ Yes _____ No

If yes, please describe.

At the time of renewal, you will be responsible for indicating in writing if there are any changes in the information provided on your original application for membership.

5. At what address(es) do you **regularly** provide mediation services? (Please note, to be listed in multiple counties, you must list an address in each County where you physically provide mediation services (or your office location must be within 5 miles of another county) (Please provide full address(es) including zip code(s) and the county or counties)

Primary Address: _____

County: _____

Additional Address: _____

County: _____

6. Are any of these addresses within 5 miles of another County? If so, which address and what is the other county?

7. If approved, may we include your name on a Mediation Council of Illinois list of pro-bono mediators?

_____ Yes _____ No If yes, how many pro-bono mediations (from Mediation Council referrals) are you willing to do in the next year? _____

8. What types of family issues do you mediate?

- _____ Divorce
- _____ Elder Care/Guardianship
- _____ Financial Matters/Property
- _____ Health Care Matters
- _____ Juvenile Matters
- _____ Older Caregiver/Foster Care
- _____ Parenting Coordinator
- _____ Parenting Matters
- _____ Post-Decree Matters
- _____ Pre-Nuptial
- _____ Same Sex Financial Matters /Property
- _____ Same-Sex Parents

- Separation
- Unmarried Financial Matters/Property
- Unmarried Parents
- Other, please specify _____

9. What type(s) of mediation services do you provide other than family mediation? (Please identify your non-family mediation services and include your experience in terms of training, number of mediations you have conducted, years of experience, etc.)

10. If there are languages besides English in which you can conduct mediations, please list them here:

11. **I HEREBY VERIFY THAT ALL OF THE INFORMATION ON THIS APPLICATION AND ALL THE INFORMATION I SUBMIT IN SUPPORT OF THIS APPLICATION IS TRUE AND ACCURATE. I ALSO VERIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE MEDIATION COUNCIL OF ILLINOIS' "STANDARDS OF PRACTICE FOR MEDIATORS" AND MCI ETHICS PROCEDURES IN SUPPORT THEREOF. I ACKNOWLEDGE AND AGREE THAT MY NAME CAN BE REMOVED FROM THE REFERRAL DIRECTORY AND THAT MY MEMBERSHIP IN THE MEDIATION COUNCIL OF ILLINOIS CAN BE TERMINATED AT THE DISCRETION OF THE BOARD OF DIRECTORS FOR NOT ABIDING BY THOSE STANDARDS OF PRACTICE, OR NON-COMPLIANCE WITH MEMBERSHIP REQUIREMENTS AT THE BOARD'S DISCRETION.**

Signature _____ Date _____

12. **I HEREBY VERIFY AND AGREE THAT IF I AM INCLUDED IN THE MEDIATION COUNCIL OF ILLINOIS REFERRAL DIRECTORY, I WILL CONTINUOUSLY MAINTAIN MEDIATOR MALPRACTICE COVERAGE FOR ALL AREAS OF MEDIATION THAT I PRACTICE AND FOR THE ENTIRE TIME THAT I AM INCLUDED IN THE REFERRAL DIRECTORY.**

Signature _____ Date _____

13. **I HEREBY VERIFY AND AGREE THAT IF I AM INCLUDED IN THE REFERRAL DIRECTORY, THE DIRECTORY INFORMATION RELATED TO ME MAY BE DISTRIBUTED AT THE DISCRETION OF THE BOARD OF DIRECTORS OF THE MEDIATION COUNCIL OF ILLINOIS, WHETHER THAT BE IN HARD COPY, ORALLY IN RESPONSE TO TELEPHONE INQUIRIES, THROUGH THE MEDIATION COUNCIL OF ILLINOIS WEB PAGE OR OTHERWISE. I HEREBY RELEASE THE MEDIATION COUNCIL OF ILLINOIS FROM ANY CLAIM I MAY HAVE, NOW OR IN THE FUTURE, IN THAT REGARD.**

Signature _____ Date _____

14. Your name will automatically be listed on the MCI mailing list and online communication. If you wish to remain off these lists, please designate below.

Please do not include my name on the MCI mailing and online lists.

Signature _____ Date _____

15. If your referral application is approved, do you want your website listed on the MCI website?

Yes No

If Yes, you must complete and submit the separate application below and annual fee, which runs concurrent with your membership year. Sorry, no proration.

My website is: _____



MCI WEBSITE LISTING

A benefit we offer for MCI Referral Members is to post your website address with your MCI Referral Directory listing. To have your website link posted with your MCI Referral member listing, MCI requires that you provide a link back to the MCI Website on your website, at all times. The fee for posting your website address on the MCI website is a \$25.00 annual fee. *(Please note, that there will be no proration of this fee and renewal of this fee will coincide annually with your Referral membership renewal.)*

If you would like your website link included on the MCI Website, please complete the following and sign below:

Name: _____

Website address: _____

I agree to keep an active link back to the MCI Website on my website as long as I have my website listed in the MCI Referral Directory.

MCI Referral Member's Signature

Date _____

Submit this form and your payment to:

MCI
P.O. Box 97
Cary, IL 60013

Your payment of the annual fee and this form must be completed, signed, and received by MCI and the MCI link back posted on your website and verified before your website will be posted on the MCI website.

E-mail any questions to: mci.adminasst@gmail.com

For Office Use: Date rec'd _____ Amt _____ Check # _____ Rec'd by _____ Bd Act _____ Date _____ Notif