

Name of Applicant _____



FLORIDA ACADEMY OF COLLABORATIVE PROFESSIONALS (FACP)

Application for Renewal Accredited Collaborative Professional

Introduction: This application is for FACP Accredited Collaborative Professional applying to renew their accreditation. An applicant seeking such renewal must meet and continue to satisfy the requirements for accreditation presently and hereinafter promulgated by the FACP.

1. Applicant Information:

- a. Full Name of Applicant: _____
- b. Profession: _____
- c. License/Certification Number: _____
- d. Firm Name: _____
- e. Business Address: _____

- f. Business Telephone: _____
- g. Mobile Telephone: _____
- h. Business Email: _____
- i. Website URL: _____

2. Memberships:

a. Practice Group Membership

The applicant is currently a member in good standing of the following Practice Group(s) (please indicate all that apply).

Place your initials in the block to indicate you so certify.

Practice Group Name: _____

Practice Group Name: _____

Practice Group Name: _____

b. IACP Membership:

The applicant certifies that he/she is currently a member of the International Academy of Collaborative Professionals ("IACP").

Place your initials in the block to indicate you so certify.

Name of Applicant _____

3. Licensure and Professional Credentials:

Has there been any change in your license/credential (new license/credential granted, action on license) in the past three years? Yes ___ No ___

If yes, please explain: _____

4. Training and Education:

a. Ethics Training: The applicant has completed a minimum of an additional one and half hours (1 ½) of training consistent with the FACP Collaborative Process Ethical Standards or IACP Minimum Ethical Standards for Collaborative within the three (3) years prior to the date of this application provided by the FACP or approved by the FACP.

b. Additional Training: In addition to the training specified above, the applicant has completed an additional fifteen (15) hours of training in the past three (3) years, in aggregate, on any of the following subjects. Check all of those that apply:

- i. Interest-based negotiation ___
- ii. Communication skills ___
- iii. Conflict resolution ___
- iv. Advanced mediation skills ___
- v. Advanced Collaborative training ___
- vi. Family Systems Theory ___
- vii. Domestic Violence related to Collaborative process ___

Please note that the hours must total at least fifteen (15) (excluding the 1.5 of Ethics)

If you have taught a course or given a workshop/webinar where the content is relevant to Collaborative Practice, you may use that toward your continuing education requirements for recertification. Teaching experience will be credited as twice the number of credit hours earned by participants. **YOU MAY ONLY SUBMIT A COURSE FOR CREDIT ONE TIME.**

Name of Program/Course/Workshop _____

Where Taught: _____

Credit Hours: _____

Name of Program/Course/Workshop _____

Where Taught: _____

Credit Hours: _____

5. Experience: The applicant shall have completed at least three (3) Collaborative matters.

The applicant certifies that he/she shall have completed at least three (3) Collaborative matters the last 3 years.

Place your initials in the block to indicate you so certify.

6. Covenants and Representations

- a. I have read the FACP Credentialing Policies and Procedures, the FACP Ethics Standards and Standards regarding accreditation and I certify that I am fully qualified for re-accreditation, and I know of no reason why I am not entitled to re-accreditation.
- b. I agree that I shall surrender any accreditation certificate held by me upon revocation by FACP, resignation or failure for any reason to be re-accredited. I agree that in the event my accreditation is suspended, revoked, or not renewed, I shall cease to hold myself out in any way as accredited by FACP and will remove my accreditation badge(s) from all public display.
- c. I agree to supply all relevant documents, records, or other information that may be requested from me in the investigation of this application.
- d. I agree to be bound by the Standards, Policies and Procedures of the FACP Credentialing Committee and the FACP Collaborative Process Ethical Standards as they may be modified from time to time. I further agree that the courts of State of Florida shall have exclusive jurisdiction over any controversy, claim, dispute, or legal action arising from my application, my accreditation by FACP, or any actions that may be taken by the FACP, its Credentialing Committee, officers, directors, or volunteers. I agree to pay all fees required by the FACP as due.
- e. I hereby certify that I have carefully reviewed this application and made each statement and representation therein, and answered each question, fully and frankly and without concealment or reservation. The responses contained in this application are within my personal knowledge and are true and complete.
- f. By my signature below, I certify that all statements in this application are true and accurate.

7. Request for Waiver

The applicant is requesting a waiver of the following requirements in consideration for approval of my renewal of accreditation based on the following: _____

Place your initials in the block to indicate you are requesting a waiver.

- 8. I understand that my application may be subject to audit by the Credentialing committee whereby supporting documents may be requested. It is vital that you maintain your records for this purpose.

Name of Applicant _____

Form A – Release of Liability

In making and filing this application, I authorize all persons, corporations, associations, organizations, state or federal agencies and instrumentalities (including bar association, bar examiners, boards of professional responsibility, references, business and professional associates and Collaborative professionals listed in my application to furnish to the FACP, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the review of this application. I specifically waive any right to review any confidential statements of reference made to the FACP. I agree that upon its submission to the FACP, this application shall become and remain the property of the FACP, and that pursuant to the Credentialing Policies of the FACP, the official record of this application shall be maintained solely in digital media.

I hereby release, discharge and exonerate the FACP, its officers, directors, members, agents and representatives (collectively the “FACP”), and any and all persons or agencies furnishing information or evaluations to FACP in connection with this application, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or out of the furnishing of such information, whether communicated orally or in writing or my continued satisfaction of the standards for accreditation. I agree to defend or pay the costs of defense, at the discretion of the FACP, for any suit or claim initiated, and to indemnify the FACP for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my accreditation by the FACP.

I further waive any claims which may arise with respect to such information or its disclosure.

I hereby indemnify and hold harmless the Florida Academy of Collaborative Professionals from any and all liability arising from, or in any way related to its investigation, processing and decision making with regard to accreditation application.

I understand and agree that applying for credentialing does not necessarily mean that the Florida Academy of Collaborative Professionals will credential me. I understand and agree that acceptance for credentialing as an Accredited Collaborative Attorney is within the sole discretion of the Florida Academy of Collaborative Professionals and its decision is final.

Date

Applicant’s Signature