



PROFESSIONALS' APPLICATION – for calendar year 2010

(Details about requirements are enumerated on page 5 of this application.)

The CLII maintains minimum standards for professionals engaging in collaborative practice in Illinois. A summary of these minimum standards can be accessed on the CLII website. Please review these standards prior to submitting your application.

Name: _____ Credentials(e.g., JD, MSW, CDFa): _____

Firm/Organization: _____

Address, City, State, Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Professionally licensed/certified as: *(Please attach a copy of your current license(s) or certification(s)).*

Attorney: Professional License(s)/ARDC Number _____

Financial Specialist: Please specify certification and/or license _____

Mental Health Professional: Please specify certification/license _____

1. Please describe when and how you completed the two-day Collaborative Law Training requirement and attach a copy of your proof of attendance. *(If you are considering attending a non-CLII training to meet this requirement, please first check with the CLII Administrator at (312) 882-8000 to ensure that it will suffice.)*

Collaborative Law Training Title(s)/Description: _____

Date: _____ Sponsoring Organization: _____

#hours/days _____ Instructor(s): _____

2. In addition to the Collaborative Basic Training, you must demonstrate forty (40) hours of additional skills training in mediation and/or communication and conflict resolution skills (see page 5, paragraph 9 for further details). *Please attach a copy of your proof of attendance.*

Date: _____ Sponsoring Organization: _____

#hours/days _____ Instructor(s): _____

3. Have you ever been convicted of a criminal act involving fraud, dishonesty, or violent acts?

YES___ NO___ If yes, please describe _____ *(attach additional pages if necessary)*

4. Pertaining to your professional license(s), certification(s), or membership(s) in a professional organization, do you have any previous or pending formal disciplinary actions; has such ever been suspended, disciplined, expelled, denied, revoked, or surrendered in any state; has omissions been denied; or have you been found guilty of an ethics violation by your professional license(s), certificate(s), or membership organization(s)?

YES _____ NO _____ If yes, please describe _____ (attach additional pages if necessary)

5. For which role(s) in the Collaborative process are you requesting to be approved as a Fellow?

_____ Attorney; _____ Coach; _____ Financial Specialist; _____ Child Specialist.

Your application MUST meet the criteria for each role for which you wish to be considered.

*** If you wish to be considered as a Child Specialist, please also complete the Child Specialist Application. Attach certificates and documents in support.**

6. Please list the counties in which you practice and in which you want to be listed in the referral lists and on the website (Up to three counties are included in your dues. There is a \$25 charge for each additional county.)

7. Please provide the name of your professional liability /malpractice insurance carrier, the effective dates of the policy, and **attach a copy** of the declarations page from your policy and any other documentation that is necessary to show that your policy covers you for Collaborative Practice.

Carrier: _____ Effective Dates: _____

8. We require that CLII Fellows also be members of the International Academy of Collaborative Professionals. This gets us all connected to the larger Collaborative Practice community and gets you access to all their benefits at a reduced rate! If you were to be removed from IACP membership, your membership in CLII would also end.

I understand and agree _____ (please sign and date)

9. **PLEASE REMIT YOUR PAYMENT WITH YOUR APPLICATION: Fees are assessed for each calendar year.**

a. Your non-refundable processing fee: \$ 50.00

b. Payment for EACH profession under which you are seeking to renew your Fellowship with CLII: \$ _____

Attorney:	\$275.00
Financial Specialist:	\$150.00
Coach:	\$125.00
Coach & Child Specialist:	\$175.00

c. Additional Counties _____ x \$25.00 \$ _____

TOTAL Payment to the CLII: \$ _____.

If applying between 7/1 and 10/31/2010, \$50 processing fee + 1/2 the Fellows dues + any additional counties fees.

d. Your IACP annual membership dues in the form of a separate check made payable to IACP in the amount of \$100.00.

10. **I HEREBY VERIFY THAT I AM A MEMBER IN GOOD STANDING OF MY PROFESSION(S).**

Initial _____

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.**

Initial _____

12. **I HEREBY VERIFY THAT I HAVE READ AND AGREE TO ABIDE BY THE COLLABORATIVE LAW INSTITUTE OF ILLINOIS' PRINCIPLES AND GUIDELINES FOR COLLABORATIVE FAMILY LAW THAT ARE INCORPORATED WITHIN THE INSTITUTE'S PARTICIPATION AGREEMENT AND THAT I WILL ABIDE BY ANY AND ALL REQUIREMENTS AS ESTABLISHED AND SET FORTH BY THE INSTITUTE AND BY THE INTERNATIONAL ACADEMY OF COLLABORATIVE PROFESSIONALS. I AGREE TO FOLLOW ALL RULES AND REGULATIONS AS ESTABLISHED FOR USE OF ALL FORMS AND PROMOTIONAL MATERIALS I MAY PURCHASE OR BE PROVIDED BY VIRTUE OF MY CLII FELLOWS MEMBERSHIP. I ACKNOWLEDGE AND AGREE THAT MY NAME CAN BE REMOVED FROM THE CLII FELLOWS MEMBERSHIP DIRECTORY, AND THAT MY MEMBERSHIP IN THE COLLABORATIVE LAW INSTITUTE OF ILLINOIS, AND THUS IN IACP, CAN BE TERMINATED, AT THE DISCRETION OF THE BOARD OF DIRECTORS FOR REASONS, INCLUDING BUT NOT LIMITED TO, NOT ABIDING BY THE PRINCIPLES AND GUIDELINES OF COLLABORATIVE FAMILY LAW AND/OR REQUIREMENTS AS SET FORTH BY THE INSTITUTE AND/OR IACP. I AGREE THAT, SHOULD MY MEMBERSHIP IN IACP BE TERMINATED BY ME OR BY IACP, FOR ANY REASON, MY MEMBERSHIP IN CLII SHALL ALSO BE TERMINATED. I FURTHER ACKNOWLEDGE AND AGREE THAT IF MY CLII OR IACP MEMBERSHIP IS TERMINATED FOR ANY REASON, I SHALL CEASE TO USE OR DISTRIBUTE ANY FORMS, LISTS, OR PROMOTIONAL MATERIALS I OBTAINED OR RECEIVED AUTHORIZATION FOR USE, SOLELY BY VIRTUE OF MY PRIOR MEMBERSHIP IN CLII/IACP. I AGREE THAT SHOULD A DISPUTE ARISE REGARDING MY CLII MEMBERSHIP, I WILL FIRST ATTEMPT TO RESOLVE ANY DISPUTE THROUGH THE COLLABORATIVE LAW PROCESS AND/OR MEDIATION.**

Initial _____

13. **I HEREBY VERIFY AND AGREE THAT IF I AM ACCEPTED AS A COLLABORATIVE LAW INSTITUTE OF ILLINOIS' FELLOWS MEMBER, I WILL CONTINUOUSLY MAINTAIN PROFESSIONAL LIABILITY/ MALPRACTICE COVERAGE FOR MY PROFESSION REQUESTED AND LISTED AS MY FELLOWS MEMBERSHIP STATUS AND WILL ABIDE BY THE ETHICAL STANDARDS ESTABLISHED BY IACP AND AS THEY MAY BE AMENDED BY CLII.**

Initial _____

14. **I HEREBY VERIFY AND AGREE THAT I HAVE AN AFFIRFMATIVE DUTY TO ADVISE CLII OF ANY CHANGES TO MY PROFESSIONAL LIABILITY/ MALPRACTICE COVERAGE AND/OR LICENSURE AND CERTIFICATION.**

Initial _____

15. **I HEREBY ACKNOWLEDGE AND AGREE THAT, IF I AM INCLUDED IN THE FELLOWS MEMBERSHIP DIRECTORY, THE DIRECTORY INFORMATION RELATED TO ME MAY BE DISTRIBUTED AT THE DISCRETION OF THE BOARD OF DIRECTORS OF THE COLLABORATIVE LAW INSTITUTE OF ILLINOIS, WHETHER THAT BE IN HARD COPY, VERBALLY IN RESPONSE TO TELEPHONE INQUIRIES, THROUGH THE COLLABORATIVE LAW INSTITUTE'S WEB PAGE, OR OTHERWISE. I HEREBY RELEASE THE COLLABORATIVE LAW INSTITUTE OF ILLINOIS FROM ANY CLAIM I MAY HAVE, NOW OR IN THE FUTURE, REGARDING ANYTHING PERTAINING TO THE CLII MEMBERSHIP DIRECTORY.**

Initial _____

16. I HEREBY COMMIT TO USING THE FOLLOWING CLII BOARD-APPROVED FORMS IN MY COLLABORATIVE CASES, ALL OF WHICH MAY BE FOUND ON THE CLII WEBSITE:

- a. Starting Case Checklist and Proposed Agenda for First Meeting;
- b. Collaborative Law Participation Agreement (unaltered and in its original form);
- c. Financial Neutral – Request for Services Checklist; and
- d. Financial Neutral Assets/Liabilities Intake.

Initial _____

17. I HEREBY AGREE TO COMPLY WITH A REQUEST BY ANY TEAM MEMBER IN A COLLABORATIVE CASE TO ENGAGE IN A DE-BRIEFING, WITH THE ASSISTANCE OF THE CLII EXCELLENCE AND BEST PRACTICES COMMITTEE (EBP).

Initial _____

Signature _____ Date _____

PLEASE BE ADVISED THAT WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION UNLESS ALL REQUESTED DOCUMENTATION IS PROVIDED, AND PAYMENT FOR YOUR ANNUAL CLII AND IACP DUES IS PAID. PLEASE BE SURE YOU HAVE PROVIDED THE FOLLOWING:

1. A completed CLII renewal application, with all verifications signed and dated;
2. A copy of your certificate of completion from the continuing education course taken – this is not required of those who attended a CLII-sponsored training;
3. A copy of your current professional liability or malpractice insurance face page (and any additional pages) that shows you are current and covered under Collaborative Practice;
4. A copy of your current professional license or certificate;
5. A check made payable to CLII for your current dues and \$50.00 processing fee; and
6. A completed IACP application, dated and signed, with a check made payable to IACP in the amount of \$100.00.

PLEASE MAIL YOUR COMPLETED ORIGINAL APPLICATION(S), ATTACHMENTS AND FEES to:

**CLII
P.O. BOX 2032
GLENVIEW, IL 60025**

Once your completed application(s), attachments and payments are received, here is what happens next:

- Your application is scanned and you are contacted if anything is missing;
- Once a complete application is received, it is forwarded to the CLII Membership Committee for review. If there are any questions on your application, a Committee member will contact you;
- Once reviewed by the CLII Membership Committee, a recommendation for your application is made to the CLII Board of Directors at the next scheduled board meeting (held the 3rd Tuesday of each month);
- Once the CLII Board has approved or denied your application, you will be notified by the Membership Committee. Those applicants who are approved will receive current Certificates of Fellowship.

Thank you!

For Office Use: Date rec'd _____ Amt. _____ CLII Check # _____ IACP Check# _____ Amt. _____ Missing Info. _____
 Follow-up _____ All data rec'd _____ Sent to BOD _____ Appl. Final _____
Revised 11/09 BOD Act _____ Date _____ Notif. Ltr _____ Web _____ Listserv _____ IACP Check Sent _____

Summary of Necessary Requirements for Consideration as a Fellows Member:

1. Agree to abide by CLII Principles and Guidelines for Collaborative Law, the Ethical Standards for Collaborative Professionals and any and all CLII rules and regulations as established from time to time;
2. Provide proof of and maintain a professional license and be a member in good standing of your profession.
3. You must carry one or more of several professional licenses / certifications:
 - a. Lawyers - admitted in Illinois; current with ADRC;
 - b. Coaches – (1) a minimum of a Master’s Degree in a mental health field and (2) a mental health license (LCSW, LCPC, Ph.D. or Psy.D.) OR be certified by the International Coaching Federation as a Professional Certified Coach;
 - c. Financial Specialists - CFP, CPA, CDF A, or equivalent;
4. Submission of a completed CLII Fellows Membership application including all required documentation/verification;
5. Payment of the annual Fellows Membership dues;
6. Provide proof of and maintain current professional liability/malpractice insurance coverage;
7. Membership in the International Academy of Collaborative Professionals (IACP). Please note continuing membership in good standing with IACP is required for all CLII Fellows members. By completing this Fellows application, you are giving us permission to forward to IACP, any membership information you have provided to us, which IACP may also require. You must also complete the separate application of IACP which is attached and include a separate check made out to IACP (or provide your Credit Card information on the IACP form) at the reduced CLII group rate of \$100 for 2010 IACP membership dues and submit the separate check with this Fellows application to the CLII. (We will forward your check to IACP.) If you are already a member of IACP as an individual, you must include proof that you are an IACP member for the year you are applying for CLII Fellows Membership (2010);
8. Basic Collaborative Law training;
9. Provide proof of the completion of Additional Skills Training in the form of either:
 - a. a forty (40)-hour mediation training. OR
 - b. a thirty (30)-hour mediation training AND an accumulation of ten (10) hours of training consisting of the following: CLII additional skills training, interest-based negotiation training, communication skills training, collaborative training beyond the minimum twelve hours of initial collaborative training, advanced mediation training or basic professional coach training.

NOTE: Your mediation training must either be no more than three years old OR you must provide one of the following: (1) proof in the form of a written sworn affidavit attesting to the fact that in the last three years, you successfully mediated at least three cases in which you were not also serving as an attorney for one of the parties; or (2) proof that in the last three years you took a six-hour refresher course in conflict resolution.

10. Provide proof of the completion of a minimum of six hours per calendar year of ongoing collaborative skills training each calendar year after the year of Basic Collaborative (2 day) training. Training in excess of the required six hours per year may be carried back up to 5 years, but not forward. Additional skills training used to qualify for Fellows membership may not be used to satisfy this continuing education requirement. If you attended a non-CLII sponsored collaborative skills training, please provide a copy of your certificate of completion and an outline for this course with your application and note that CLII has the discretion to determine whether or not the training meets its requirements.

* The Board of Directors shall admit Fellows members to membership, in its sole discretion.

* Fellows members have no voting rights unless the Board of Directors decides that a resolution should be brought to the general membership for a vote.

* Inclusion on the CLII Website and referral list is available only to Fellows of the Institute.

Membership: ___Application ___Renewal

MEMBERSHIP INFORMATION:

 First Name Middle Initial Last Name

 Business/Firm Name

 Office Address check here if same as billing address

 City State/Province Postal Code
 Country

 Telephone Fax

 Email Website

 Profession

Optional— Billing address:

 City State/Province Postal Code Country

What prompted you to join/renew?

- Email reminder from IACP
- Annual Report mailing
- Practice Group requirement
- Recommendation from colleague
- Attended a training
- Visited website
- Discount at Forum
- Other _____

PRACTICE GROUP INFORMATION:

The COLLABORATIVE LAW INSTITUTE OF ILLINOIS

Name of Your Practice Group

Lois A. Del Vallee,
 CLII Administrator - Contact Person

ADDITIONAL INFORMATION:

IACP occasionally makes its members' addresses (excluding telephone and email) available to other colleague organizations and to vendors who provide products and services to the collaborative community.

If you prefer not to be included in these lists,
 please check this box.

MEMBERSHIP FEES:

Check here if membership in IACP is required for your practice group, i.e., "Whole Group Membership". (A discounted per-member fee applies when ALL members of a practice group are required by the terms of the practice group rules to join IACP.)

- Regular Membership..... \$135 USD
- Whole Group Membership..... \$100 USD
- Student/Library Membership \$75 USD
- Website "Hotlink"(optional)..... \$25 USD

PAYMENT:

Payment in U.S. Dollars only. *We would like to accept membership funds in currencies other than US dollars. Doing this, however, creates significant administrative work and is costly for IACP. We appreciate the understanding of our members who live outside the US.*

- Please "hotlink" my website listing to my personal website at \$25.00
- I'm pleased to add a donation of \$_____ to further the activities of IACP (donations are tax deductible)
- Check enclosed (payable to IACP)
- Charge \$_____ to my Visa MasterCard

Card # _____ Exp. date ____/____/____

 Name as it appears on card

 Billing address for card, if different from above

AGREEMENT:

By becoming an IACP member and signing this application, I agree to honor the IACP Standards* for Practitioners, Trainers and Trainings. I further agree to abide by the License Agreement* relative to the use of the Collaborative Practice/Collaborative Law Practice "Mark."

*Copies of the Standards, License Agreement and Guidelines for Use can be found on the IACP Website at <http://www.collaborativepractice.com>

 Signature

 Date

PLEASE RETURN COMPLETED APPLICATION TO:

CLII
 PO Box 2032
 Glenview, IL. 60025-6032