

COLLABORATIVE LAW INSTITUTE OF ILLINOIS

P. O. Box 2032

Established 2002

(312) 882-8000

Glenview, IL 60025-6032

www.collablawil.org

PROFESSIONALS' FELLOW RENEWAL APPLICATION - 2010

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): _____

Please indicate your profession and certification/licensure. A current certification/license (for attorneys, an ARDC card) is required with each renewal application.

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

- Attorney
- Financial Specialist
- MH Professional
- LMHP Child Specialist

Professional ARDC/License(s)/Certification(s) Number(s)

(Please attach a copy of your current license(s) or certification(s)).

Firm/Organization: _____

Address, City, State, County & Zip Code

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

1. In the calendar year prior to the year for which you are renewing, have you have completed at least six (6) hours of additional training that improve your ability to engage in Collaborative Practice?

YES NO

Please be advised that only training *directly* related to Collaborative Practice meets this requirement. If you attended a CLII-sponsored Fellows Collaborative Skills Training (FCST), you do not need to supply any additional information. 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.

2. Since your last application to us, have you been convicted of a criminal act involving fraud, dishonesty, or violence? YES NO

3. Since your last application, have you had any formal disciplinary actions brought against you? YES NO

4. Since your last application, has your license or certification been suspended, disciplined, expelled, denied, revoked, or surrendered in any state? YES NO

5. Since your last application, has your omissions insurance been denied or terminated?
 YES NO
6. Since your last application, have you been found guilty of an ethics violation by your professional license(s), certificate(s), or membership organization(s)?
 YES NO
7. Please indicate which profession in the Collaborative Process you are requesting to be renewed as a Fellow:
 Attorney
 Coach
 Financial Specialist
 Child Specialist

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

8. Please list the 3 counties in which you want to be listed under on the website:

IF YOU WISH TO BE LISTED UNDER ANY ADDITIONAL COUNTIES, PLEASE LIST THOSE COUNTIES BELOW AND INCLUDE WITH YOUR RENEWAL PAYMENT \$25.00 FOR EACH ADDITIONAL COUNTY LISTED.

9. 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 is current and covers you for Collaborative Practice.

Carrier: _____ Effective Date(s): _____

10. 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 the 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. Please acknowledge your understanding and agreement by signing below:

Signature: _____ Date: _____

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

Initial _____

12. **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 _____

13. **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 (IACP). 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 (CLII), 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 _____

14. 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 _____

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

Initial _____

16. 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 _____

17. 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 _____

16. 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 REMIT YOUR PAYMENT WITH YOUR APPLICATION:

1. Your non-refundable processing fee: **\$50.00**
*For renewal applications post-marked after December 15, 2009..... **+\$50.00 late fee**

2. 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**

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

TOTAL Payment to the CLII: \$ _____

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

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 renewal 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.
- Those applicants who are not approved by the Board for renewal Fellowship will be immediately removed from the CLII website and Fellows list-serve.

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 _____

Renewal Membership Application:

 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:

Name of Your Practice Group:

COLLABORATIVE LAW INSTITUTE OF ILLINOIS

Lois A. Del Vallee,
 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.

**IACP Membership is for one year
 from the date membership is activated on the IACP website.**

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 www.collaborativepractice.com

 Signature

 Date

PLEASE RETURN COMPLETED APPLICATION TO:

CLII
 PO Box 2032
 Glenview, IL. 60025-6032