

TAMPA BAY ACADEMY OF COLLABORATIVE PROFESSIONALS NEUTRAL FACILITATOR MEMBERSHIP APPLICATION

A. TBACP applicants from all professions must:

- Have participated in at least three collaborative cases, including at least one as a team member. The other two may be as a team member or as an observer. The three cases may include pro-bono and modest means matters.
- Have successfully completed a minimum of one 2-day Basic Interdisciplinary Collaborative Family Law Training Program.
- Undergo an interview with the membership committee.
- Be sponsored by two (2) TBACP members, one of which must be a member of the applicant's profession and neither of which may share the applicant's employer.
- Hold membership in the International Academy of Collaborative Professionals.
- Complete the standardized membership application for their profession.
- Complete at least (1) 30-hour approved mediation course, unless exempted by committee due to substantial experience.

B. TBACP neutral facilitator applicants must:

- Hold an MHP licensure in the state of Florida in good standing. A member must have the highest ethical standards in both their personal and professional lives.
- Have a minimum of five (5) years of practice experience working with family systems and divorce.
- Complete an approved parent coordination training course.

C. Membership is selective. Meeting all of the membership criteria does not guarantee an invitation to membership in TBACP. Membership is selective and involves a confidential, discretionary, and non-appealable process.

Please type or print clearly

I BASIC INFORMATION:

Applicant Name:

Business Name:

Address:

Phone:

Email:

Website:

Please select the MHP disciplines in which you hold a Florida license:

Psychologist

Marriage & Family Therapy

Mental Health Counselor

- () Clinical Social Work
- () Psychiatrist
- () Other _____

What is your Florida license number or numbers? _____

When were you first licensed to practice as an MHP in the State of Florida? Month ____ Year ____

Are you currently in good standing within your licensed disciplines? Yes ____ No ____

Are you a member of the International Academy of Collaborative Professionals? Yes ____ No ____

Have you had any prior disciplinary actions by the Florida Department of Health resulting in a finding of just cause? Yes ____ No ____ . If yes, please state the year and describe.

II SPONSORS (TBACP MEMBERS):

Sponsor #1 Name:

Firm Name:

Address:

Phone:

Profession:

Sponsor #2 Name:

Firm Name:

Address:

Phone:

Profession:

III COLLABORATIVE LAW TRAINING (Please use additional sheet if needed for more training):

Basic Training:

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

Additional Basic Training:

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

Intermediate and Advanced Training:

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

Additional Intermediate and Advanced Training:

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

IV MEDIATION TRAINING (Please use additional sheet if needed for more training):

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s) _____

V PARENT COORDINATION TRAINING

Date: _____ # of Hours: _____

Place/Sponsoring Organization: _____

Instructor(s): _____

VI COLLABORATIVE EXPERIENCE:

How many total collaborative law teams (i.e. with signed participation agreements) have you participated in? _____

In 2016 _____

In 2015 _____

In 2014? _____

Please provide details of three collaborative cases, with signed Participation Agreements, in which you have participated: *(Client names and case numbers redacted)*

Collaborative Case #1

Were you the facilitator or were you an observer? _____

Approximate date of commencement: _____ Approximate date of conclusion: _____

Nature of the matter (i.e. divorce, post-judgment matter, etc): _____
Names and roles of all other collaborative professionals or observers: _____

Collaborative Case #2

Were you the facilitator or were you an observer? _____
Approximate date of commencement: _____ Approximate date of conclusion: _____
Nature of the matter (i.e. divorce, post-judgment matter, etc): _____
Names and roles of all other collaborative professionals or observers: _____

Collaborative Case #3

Were you the facilitator or were you an observer? _____
Approximate date of commencement: _____ Approximate date of conclusion: _____
Nature of the matter (i.e. divorce, post-judgment matter, etc): _____
Names and roles of all other collaborative professionals or observers: _____

VII MOTIVATION FOR APPLICATION: (Use additional sheet if needed)

Why do you want to become a part of the Tampa Bay Academy of Collaborative Professionals?

VIII ACKNOWLEDGMENT:

By making this application, you agree that if you become a TBACP member, you will:

- Adhere to TBACP practice protocols;
- Maintain continuous membership in the IACP;
- Timely pay all dues or other assessments within thirty (30) days of billing or other notification in writing;
- You will maintain your professional license(s) and or designations in good standing and notify the co-chairs in writing of any change;
- Notify the co-chairs in writing of any grievance proceedings which result in private or public reprimand, fines, suspension or loss of licensure;
- Regularly attend general membership meetings, and may have no more than two unexcused absences per fiscal year (written notice and explanation must be submitted within 30 days to the Board for consideration of requests to be excused);
- Participate in or observe at least one collaborative case (with a signed

- Participation Agreement) every two years;
- Document at least four days of continuing education in collaborative practice, conflict resolution or interest based negotiations over every two-year period; and
- Provide annual or any other required reporting of compliance with all ongoing requirements for TBACP membership, recognize that the requirements may change from time to time, and agree to maintain up-to-date familiarity with these and all requirements listed on the Members section of the TBACP website.

By signing this application, you are representing that the above information is true and correct to the best of your knowledge. You also acknowledge that you are agreeing to all membership requirements and recognize that if you become a member of TBACP, select membership privileges or membership itself may be suspended upon failure to comply with all requirements of membership. You further acknowledge and represent that you agree to practice in accordance with the protocols established by the Tampa Bay Academy of Collaborative Professionals (as they may be amended from time to time).

SIGNED: _____ DATE: _____