



COLLABORATIVE
PRACTICE

**COLLABORATIVE PRACTICE MANITOBA ASSOCIATION
MEMBERSHIP APPLICATION**

Name:	
Company/Firm:	
Address:	
Work Phone #	
Work Fax #	
E-Mail	

Lawyers

Professional Association Membership:	
Year Called to Bar:	
Member of Law Society of Manitoba?	Yes ___ No ___
In good standing?	Yes ___ No ___
Practice Status:	Practicing ___ Non-Practicing ___ Inactive ___
Professional Liability Insurance?	Yes ___ No ___
Insurance Carrier:	
Amount of Coverage:	
Total Years of Practice:	
Years of Practice in Manitoba:	

Mental Health Professionals

Professional Association Membership:	
Professional Degrees/Training	
Certification:	
Registration/Licence Number:	
Year registered/licensed	
Professional Liability Insurance?	Yes ___ No ___
Insurance Carrier:	
Amount of Coverage:	
Total Years of Practice:	
Years of Practice in Manitoba:	
Years of Practice in another province or country (specify):	

Financial Specialists

Professional Association Membership: (CFP - Certified Financial Planner, etc)	
Designation(s):	
Date Received:	
Fee Only Planning Professional Liability Insurance?	Yes ___ No ___
Insurance Carrier:	
Amount of Coverage:	
Years of Practice:	

Collaborative Practice Training

Collaborative Practice Training/Education:	Yes ___ No ___
Conflict Resolution Training (including Mediation and Negotiation training):	Yes ___ No ___

List Collaborative Practice courses, seminars, conferences, etc. in which you have participated; list any certificates, diplomas or degrees you have received:

