



PROFESSIONAL LEVEL MEMBERSHIP

Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____ Profession: _____

MEMBER REQUIREMENTS

- I. Attorneys, financial professionals (CFP, ChFC or CPA) and mental health professionals (LMFT, LCSW, LEP, LPC or LCPsy) must be active members in good standing with their respective licensing entity.
- II. Adhere to the Principles and Guidelines of Collaborative Practice and commit to the use of the “Stipulation and Order re: Collaborative Practice” or equivalent, for any Collaborative case.
- III. Pay all dues and assessments as may be assessed from time to time by CPSV.
- IV. Abide by the standards and ethics of their respective profession.
- V. Serve on a least one Committee of the Organization.
- VI. Be a current member of IACP and meet the minimum standards for Collaborative Practitioners as set forth by the IACP; including one single 12-hour (minimum) training program in Collaborative Practice and one single 30-hour (minimum) Mediation training program. (\$145 IACP fee paid by CPSV—DO NOT ADVANCE YOUR IACP DUES IF YOU WISH THEM TO BE PAID BY CPSV.).
- VII. Attend at least 6 regular monthly meetings per year (Membership Committee will keep records. Failure to meet this requirement may result in removal from NoCourt.org website).
- VIII. Complete a minimum number of 6 hours of education in Collaborative Practice with CPSV, or as approved by Membership Committee, each year. (Membership Committee will keep records).
- IX. Subscribe to the protocol(s) as adopted by CPSV from time to time to address difficult issues among members and participate in good faith with the process designated to address such issues.
- X. Completion of CPSV-approved Fundamentals of Divorce Process/Family Law 101 seminar for non-attorneys.
- XI. Annual Dues: \$495.00 due by 1/31/2020. (\$470.00 if paid by 12/31/2019.)

Please complete, sign and return application along with your check payable to:
Collaborative Practice Silicon Valley (please do not use initials)

Submit to:
c/o Sharon Clark
1120 McKendrie Street
San Jose, CA 95126

X _____ Date _____

I certify that the above requirements have been met and I shall promptly provide my records of Collaborative training and education to the Membership Committee.

Committee Sign up

Please sign me up for the following committee (check one box):

1. Membership & Mentoring
2. Public Education (Divorce)
3. Public Education (Trust and Estates)
4. Program
5. Strategic Planning