



VaCP Affiliate Membership Renewal Application

- I hereby apply to renew my Affiliate Membership in the VaCP.
- I have read the VaCP requirements for Affiliate Membership and I agree that I will comply with all requirements of the VaCP for an Affiliate Membership.
- I have included at least 2 hours of basic, intermediate or advanced Collaborative continuing education training taken within the past twelve months at the bottom of page 2. (See certification #4 and #5)
- Enclosed are my **Affiliate Membership Renewal dues of \$75.00**. Membership dues are assessed annually.

Affiliate Member Contact Information

Email: _____ @ _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

Profession (Please list all that apply.) _____

Local Practice Group Membership(s)

Check all local Collaborative practice groups of which you are an affiliate member.

*denotes VaCP Member Group

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| <p><input type="checkbox"/> *Collaborative Divorce Solutions of the Virginia Peninsula</p> <p><input type="checkbox"/> *Collaborative Divorce Solutions of Tidewater</p> <p><input type="checkbox"/> *Collaborative Divorce Professionals of Roanoke</p> <p><input type="checkbox"/> *Collaborative Professionals of Northern Virginia</p> <p><input type="checkbox"/> *Collaborative Professionals of Richmond</p> <p><input type="checkbox"/> *Collaborative Professionals of the Shenandoah Valley</p> | <p><input type="checkbox"/> Fredericksburg Area Collaborative Practice</p> <p><input type="checkbox"/> Loudoun/ Western Fairfax Collaborative Professionals</p> <p><input type="checkbox"/> *Southwest Virginia Collaborative Divorce Professionals</p> <p><input type="checkbox"/> *Virginia Collaborative Professionals of Lynchburg</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> I am joining as an individual member</p> |
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Certification

1. If I am a member of the IACP, I have not, and will not, list myself as a member of VaCP or any of its Member Groups. I understand that as a VaCP Affiliate Member I will be listed as such in the Member Only Section of the VaCP website.
2. I specifically certify compliance with the following provisions:
 - a. I am currently licensed/ certified as _____, and it is an area of practice in which I assist with Collaborative cases.
 - b. I will remain a member in good standing, and I will provide proof of my status if requested
 - c. I have and will maintain current professional liability or E&O insurance, if required by my licensure.
 - d. I have read the **IACP Standards and Ethics - Introductory Training (Pg. 19-23)** , and I certify that: I have completed:
 - A Two or Three-day Collaborative Practice Interdisciplinary Team Training; or
 - I have completed 12 hours of Basic Introductory training such as a Two-day Introductory Collaborative training.
3. I have read the IACP Ethical Standards for Collaborative Practitioners and support these principles.
4. I commit to receiving at least two (2) hours of basic, intermediate, or advanced collaborative continuing education each year such as programs through local practice group education programs or other Collaborative training opportunities.
5. I commit to providing the VaCP Administrator the program name, trainer(s), date, and location of the Collaborative continuing education I receive each year.
6. I understand that as a VaCP Affiliate Member I may attend meetings and serve on committees as a non-voting member but not as a Committee Chair, a Council Member or an Officer of VaCP.
7. I acknowledge that as a VaCP Affiliate Member I have access to the Member Only section of the VaCP website and will enjoy VaCP member rates for conferences and trainings, if available.
8. **I certify that the information contained in this application is true and correct as of the date of submission to VaCP.**

Signature

Date

The information provided on this application will be used to update your existing Affiliate member profile in the Member section of the VaCP website.

Thank you,

VaCP Administrator

Provide at least 2 hours of basic, intermediate or advanced Collaborative continuing education training taken within the past 12 months in the spaces below. (Per certification #4 and #5)

YEAR	TITLE OF PROGRAM	INSTRUCTOR	HOURS