

# **DC ACADEMY OF COLLABORATIVE PROFESSIONALS (“DCACP”) MEMBERSHIP APPLICATION**

## **MISSION STATEMENT**

**Collaborative Practice provides a unique method of dispute resolution for**

- People going through separation, divorce or other difficult family matters who prefer an alternative to the court-based system, in which:
  - Parties establish their own goals and maintain control over the timing and substance of the resolution of their issues with
  - Assistance from a team of legal, mental health and financial professionals committed to helping the parties accomplish their goals through
  - Direct discussions based on trust, honesty, cooperation, full disclosure, integrity and professionalism.

**The mission of the DCACP is**

- 1 To create and sustain a supportive membership culture that encourages and facilitates members to meet the highest standards of skill and ethical practice.
- 2 To broaden the sphere of educated awareness of and reliance on Collaborative Practice throughout the DC metropolitan area for a wide range of issues needing dispute resolution.

## **BENEFITS OF MEMBERSHIP**

- Affiliation with an academy of professionals committed to promoting collaborative practice as a method of resolving family law matters in the DC metropolitan area
- Listing on the DCACP website as an active collaborative practitioner with link to your website
- Mentoring and sharing of “best practices” with experienced collaborative professionals
- Ongoing multi-disciplinary training and educational programs
- Collaborative practice networking
- Access to current model forms and documents
- Notice of upcoming events

## MEMBERSHIP REQUIREMENTS -- ATTORNEYS

The DCACP has established the following requirements for eligibility of attorney members:

1. Member licensed and in good standing of a local, mandatory bar association and maintain current professional liability insurance.
2. If accepting family or divorce collaborative cases, minimum three (3) years of domestic relations legal experience, or other comparable experience approved by the executive committee, or alternatively, at least three (3) years experience in the following area of practice in which I will be accepting collaborative cases \_\_\_\_\_.
3. Active domestic relations practice if I will be accepting family or divorce collaborative cases or in the following area of practice in which I will be accepting collaborative cases \_\_\_\_\_.
4. Member in good standing of the International Academy of Collaborative Professionals ("IACP").
5. Completed at least 12 hours of approved collaborative practice training.
6. Payment of annual dues.
7. Complete 30 (or more) hours of mediation training or training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interestbased, narrative or transformative mediation programs). (Complete within 1 year of application.)
8. Attend a minimum of 3 DCACP meetings per year.
9. Complete at least 15 hours every 2 years of further training in Collaborative Practice or areas that support the principles of Collaborative Practice such as communication skills, advanced collaborative training beyond the minimum 12 hours of basic training, advanced mediation training, basic professional coach training.

## MEMBERSHIP REQUIREMENTS – MENTAL HEALTH PROFESSIONALS

The DCACP has established the following requirements for eligibility of mental health professional members:

1. Mental Health Professional licensed and in good standing with professional liability insurance as one of the following:
    - a. Clinical or Counseling Psychologist – PhD
    - b. Doctorate of Psychology – Psy D
    - c. Licensed Clinical Social Worker – LCSW
    - d. Marriage and Family Therapist – MFT
    - e. Psychiatrist – MD
  
  2. A. For the role of Coach or Mental Health Expert in family or divorce collaborative cases:  
Demonstration via *curriculum vitae* of background, education and experience in:
    - a. Family and Couples Therapy and Family Systems Theory
    - b. Child Development (Child Therapy encouraged)
    - c. Stages of Family Development including the unique challenges of diversified families and children with special needs
    - d. Divorce related issues, including its impact on family development and the transition post-divorce
    - e. Conflict resolution for couples, co-parents and parent-child relationships
    - f. High conflict divorce and its impact on children
  
  - B. For the role of Child Specialist in family or divorce collaborative cases: Demonstration via *curriculum vitae* of background, education and experience in (b), (c), (d) and (f) above, as well as expertise in Child and Adolescent Therapy.
1. Member in good standing of the International Academy of Collaborative Professionals (“IACP”).
  2. Complete at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
  3. If completed only referral model Collaborative Practice training at time of application, then complete at least 18-24 hours of approved Collaborative Practice Team training within 1 year of application.
  4. If accepting family or divorce collaborative cases, completed at least 3 hours of training aimed at giving the mental health professional a basic understanding of family law in DC.
  5. Payment of annual dues.
  6. Complete 30 (or more) hours of mediation training or training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs). (Complete within 1 year of application.)
  7. Attend a minimum of three DCACP meetings per year.

## **MEMBERSHIP REQUIREMENTS – FINANCIAL PROFESSIONALS**

The DCACP has established the following requirements for eligibility of financial professional members:

1. Financial Professional licensed or with designation in good standing as one of the following:
  - a. Certified Financial Planner – CFP
  - b. Certified Public Accountant – CPA
2. If accepting family or divorce cases, demonstration of background, education and experience in:
  - a. Financial aspects of divorce
  - b. Cash management and spending plans
  - c. Retirement and pension plans
  - d. Income tax
  - e. Investments
  - f. Real estate
  - g. Insurance
  - h. Property Division
  - i. Individual and family financial planning concepts
3. Member in good standing of the International Academy of Collaborative Professionals (“IACP”).
4. Complete at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
5. If completed only referral model Collaborative Practice training at time of application, then complete at least 18-24 hours of approved Collaborative Practice Team training within 1 year of application.
6. If accepting family or divorce cases, completed at least 20 hours of training in the financial fundamentals of divorce giving the financial professional a basic understanding of family law, including:
  - a. Divorce procedures
  - b. Property valuation and division
  - c. Pensions and retirement plans
  - d. Budgeting – income and expenses
  - e. Child and spousal support
  - f. Future income projections
  - g. Financial implications of different scenarios for settlement
7. Payment of annual dues.
8. Complete 30 (or more) hours of mediation training or training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs). (Complete within 1 year of application.)
9. Attend a minimum of three DCACP meetings per year.

10. Complete at least 15 hours every 2 years of further training in Collaborative Practice or areas that support the principles of Collaborative Practice such as communication skills, advanced collaborative training beyond the minimum 12 hours of basic training, advanced mediation training, basic professional coach training.

## MEMBERSHIP REQUIREMENTS – AFFILIATED PROFESSIONALS

The DCACP has established the following requirements for eligibility of affiliated professional members:

1. a. Licensed professional in good standing with professional liability insurance (if required by licensing agency or board) in one of the following professions: mortgage lender, mortgage broker, real estate agent, appraiser, settlement agent, business evaluator, or other licensed professional in a field regulated by a state licensing agency or board; OR  
  
b. Professionals whose field does not require a license may request that the Executive Committee excuse the licensing requirement based on special circumstances. (Applicant must complete a request for special consideration.)
- 1 Member in good standing of the International Academy of Collaborative Professionals (“IACP”).
- 2 Complete at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
- 3 Payment of annual dues.
- 4 Complete 30 (or more) hours of mediation training or training in client centered, facilitative conflict resolution, of the kind typically taught in mediation training (interest based, narrative or transformative mediation programs). (Complete within 1 year of application.)
- 5 Attend a minimum of 3 DCACP meetings per year.
- 6 Complete at least 15 hours every 2 years of further training in Collaborative Practice or areas that support the principles of Collaborative Practice such as communication skills, advanced collaborative training beyond the minimum 12 hours of basic training, advanced mediation training, basic professional coach training.

**D.C. Academy of Collaborative Professionals (DCACP) Membership Application**

This information will be on our Membership List and distributed to potential clients by other members. Members will be listed on the Web site when they have completed the initial training requirements, so please remember to update your profile.

Your name: \_\_\_\_\_

Firm/Mailing Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_ Web site: \_\_\_\_\_

Would you like a hot-link to your Web site? Yes / No

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Profession: legal          mental health          financial          other (Specify)

List all degrees, certifications, licenses that you would like listed after your name such as J.D., M.D., Ph.D., Psy.D., L.C.S.W., M.F.T., C.F.P., C.P.A., C.D.P.:

States in which you certify that you are licensed to practice and interested in collaborative cases:  
D.C.: VA: MD:



**D.C. Academy of Collaborative Professionals (DCACP) Membership Application (continued)**

Dates, locations, and instructors of all Collaborative Practice Training:

Dates and providers of mediation training (30 hour mediation training required within 1 year):

Background, education and experience in your field. Include a description of field and nature of experience sufficient to meet requirements of membership:

Attorneys: If accepting family or divorce cases, 3 years domestic relations or comparable practice required or 3 years legal experience in the area of practice in which you will be accepting collaborative cases. Specify the area of practice \_\_\_\_\_.

Mental health, financial and affiliated professionals: You may attach a resume or CV or additional pages.  
CV or resume attached:

## **D.C. Academy of Collaborative Professionals (DCACP) Membership Application (continued)**

I hereby apply for membership in the D.C.A.C.P. and request that my name be included in the D.C.A.C.P.'s List of Collaborative Professionals. As a condition of continued membership, I certify that I will:

- Support the Mission of the D.C.A.C.P. and the Goals of Collaborative Practice as stated above.
- Comply with all rules, protocols and procedures of the D.C.A.C.P. as developed from time to time.
- Comply with the terms of every Collaborative Practice contract, stipulation and agreement that I sign in the Collaborative Process.
- Join the International Academy of Collaborative Professionals ("I.A.C.P.") within 30 days of submitting this application.
- At least once every two years, participate in a continuing education course or program in collaborative practice or areas that support the principles of collaborative practice as determined by the executive committee.
- Attend at least three D.C.A.C.P. general meetings per year.
- Pay annual D.C.A.C.P. membership dues.
- Attend a thirty (30) or more hour mediation training or training in client centered, facilitative conflict resolution, of the  kind typically taught in mediation training, (interest-based, narrative or transformative mediation programs) within one year.
- Hold myself out as being a member of only the category of membership (e.g. legal, mental health, financial, affiliated) for which I have applied.

**D.C. Academy of Collaborative Professionals (DCACP) Membership Application (continued)**  
**ATTORNEYS:**

I hereby certify that I:

- Am a member in good standing of a local, mandatory bar association and that I currently maintain professional liability insurance.
- Have at least three (3) years of domestic relations legal experience, or other comparable experience approved by the executive committee if I will be accepting family or divorce collaborative cases or
  - \_\_\_\_\_ in the following area of practice in which I will be accepting collaborative cases

- \_\_\_\_\_  
Currently have an active domestic relations practice if I will be accepting family or divorce collaborative cases or in the following area of practice in which I will be accepting collaborative cases

- \_\_\_\_\_  
Completed 12 hours of training in Collaborative Practice.

I swear and/or affirm that the contents of the foregoing are true and correct to the best of my knowledge.

Signature of Attorney \_\_\_\_\_ Applicant Date \_\_\_\_\_

**MENTAL HEALTH PROFESSIONALS:**

I hereby certify that I:

- Am a professional licensed to practice and in good standing in D.C., VA and/or MD and that I currently maintain professional liability insurance (if required by licensing body).
- Completed 12 hours of training in Collaborative Practice and will complete 18-24 hours of Collaborative Team Training within one year OR completed 18-24 hours of Collaborative Team Training.
- Have a currently active practice substantially devoted to family or divorce issues or substantially
  - \_\_\_\_\_ devoted to following area of expertise in which I will be accepting collaborative cases

- \_\_\_\_\_  
If accepting family or divorce cases, completed required training in the financial fundamentals of divorce.
- \_\_\_\_\_  
If accepting family or divorce cases, completed 3 hours of training in family law in jurisdiction in which I practice.

I swear and/or affirm that the contents of the foregoing are true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL PROFESSIONALS:**

I hereby certify that I:

- Am a professional licensed to practice and in good standing in D.C., VA and/or MD and that I currently maintain professional liability insurance (if required by licensing body).
- Completed 12 hours of training in Collaborative Practice and will complete 18-24 hours of Collaborative Team Training within one year OR completed 18-24 hours of Collaborative Team Training.
- Have a currently active practice substantially devoted to family or divorce issues or substantially devoted to other area of practice in which I will be accepting collaborative cases

- \_\_\_\_\_.
- Have background, education, and experience in financial aspects of divorce or other comparable experience approved by the Board or Executive Committee or will not hold myself out as practicing in these areas.
  - If accepting family or divorce collaborative cases, required training in the financial fundamentals of divorce within one year.

I swear and/or affirm that the contents of the foregoing are true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**D.C. Academy of Collaborative Professionals (DCACP) Membership Application (continued)**

**AFFILIATED PROFESSIONALS:**

I hereby certify that I:

- Am a \_\_\_\_\_ (specify profession) licensed to practice and in good standing in D.C., VA and/or MD and that I currently maintain professional liability insurance (if required by licensing body).
- Completed 12 hours of training in Collaborative Practice and will complete 18 – 24 hours of Collaborative Team Training within one year OR completed 18 – 24 hours of Collaborative Team Training.
- If accepting family or divorce cases, completed required training in financial fundamentals of divorce.

I swear and/or affirm that the contents of the foregoing are true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**OR**

**AFFILIATED PROFESSIONALS WITHOUT LICENSE:**

I hereby certify that I:

- Am a \_\_\_\_\_ (specify profession) whose field does not have a licensing body, and request that my application for membership be granted based on special circumstances as reflected on the attached Affiliated Professionals – Request for Special Consideration.
- Completed 12 hours of training in Collaborative Practice and will complete 18 – 24 hours of Collaborative Team Training within one year OR completed 18 – 24 hours of Collaborative Team Training.
- If accepting family or divorce cases, completed required training in the financial fundamentals of divorce.

I swear and/or affirm that the contents of the foregoing are true and correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_