

Name of Applicant _____



FLORIDA ACADEMY OF COLLABORATIVE PROFESSIONALS

APPLICATION FOR ACCREDITATION COLLABORATIVE PROFESSIONAL: FINANCIAL

Introduction: This application is for use by financial neutral professionals applying for accreditation by the Florida Academy of Collaborative Professionals (“FACP”) as an Accredited Collaborative Professional: Financial. An applicant seeking such accreditation must meet and continue to satisfy the requirements for accreditation presently and hereinafter established by the FACP. The requirements for accreditation can be found on the Members page of the FACP website: www.collaborativepracticeflorida.com .

1. Applicant Information:

- a. Full Name of Applicant: _____
- b. Firm Name: _____
- c. Business Address: _____

- d. Business Telephone: _____
- e. Mobile Telephone: _____
- f. Business Email: _____
- g. Website URL: _____

2. Memberships:

1. Practice Group Membership:

The applicant is currently a member in good standing of the following Practice Group(s). Please list all Practice Groups in which you are a member. Send the approved FACP letter, Form A, found at the end of this application, to the Practice Group President/Treasurer of one only group if you belong to multiple Groups.

Practice Group Name: _____

Practice Group Name: _____

Practice Group Name: _____

2. IACP Membership:

The applicant certifies that he/she is currently a member of the International Academy of Collaborative Professionals (“IACP”). The applicant must provide proof of membership such as a copy of the dashboard page from the IACP website.

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3. Licensure or Professional Certification:

- a. Place a checkmark by all that apply and add your Florida license number and date of licensure.

State or National Licensure/Designation	Check Here	License/Designation No.	Date of Licensure/Designation
Certified Public Accountant			
Certified Financial Planner			
Certified Divorce Financial Analyst			
Master Analyst in Financial Forensics			

The applicant certifies that his/her licensure or designation is currently active and in good standing in all states in which the applicant is licensed, (or was in good standing at the time any license may have been voluntarily surrendered), currently has an active license in good standing with one of the State Licenses listed above, and has had an active license in good standing for at least the three (3) years preceding the date of this application.

4. Training and Education in Collaborative Practice:

The applicant must complete all of the following trainings and provide proof of completion with a copy of your Certificate of Completion or CE Broker transcript:

- a. **Introductory Training:** The applicant has completed at least one (1) fourteen (14) hour Introductory Interdisciplinary Collaborative training that meets the IACP’s Minimum Standards for Introductory Interdisciplinary Collaborative Practice Trainings.

Date of Training: _____

Trainers: _____

- b. **Ethics Training:** The applicant has completed a minimum of three (3) hours of training in the ethics of working as a Collaborative Financial Professional in addition to the Introductory training in 4 a., consistent with the FACP Collaborative Process Ethical Standards or IACP Minimum Ethical Standards for Collaborative Professionals, within the three (3) years prior to the date of this application.

Date of Training: _____

Title of Training: _____

Trainers: _____

- c. **Domestic Violence Training:** One and one-half (1½) hours of training in domestic violence (intimate partner violence) in Collaborative Practice:

Date of Training: _____

Title of Training: _____

Name of Applicant _____

Trainers: _____

d. Additional Training: Please provide copies of the certificate of attendance to document that the applicant has completed an additional fifteen (15) hours of training in the aggregate beyond those listed above, in any of the following subjects:

- i. Interest-based negotiation
- ii. Communication skills
- iii. Conflict resolution
- iv. Advanced mediation skills
- v. Advanced Collaborative training
- vi. Family Systems Theory

Program/Course Title	Date	Location	Hours	Trainer/Sponsor	Indicate which subject (i – vi)

Please note that the hours must total at least 15. Attach additional pages if needed and indicate Section 4d. on each page and denote i through vi for the course type based on the above designations.

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e. Mediation Training: The applicant has completed a forty (40) hour Florida Supreme Court approved family mediation course or its equivalent in another state. Please provide a copy of the certificate of attendance or most recent renewal certificate.

Date of Training: _____

Title of Training: _____

Location of Training: _____

No. of Hours of Training: _____

Trainers: _____

OR

The applicant may submit documentation of the successful completion of fifteen (15) Collaborative matters in lieu of meeting the mediation training requirement.

5. Experience in Collaborative Matters: The applicant shall have successfully completed five (5) Collaborative matters as part of a Collaborative team. The Collaborative matters submitted must be documented by an affidavit (Form B – Documentation of Completed Collaborative Matters found at the end of this application) for each matter, signed by all the professional participants. A completed Collaborative matter means that a Participation Agreement was signed, and a final judgment was entered by a judge, magistrate or hearing officer, or the matter was resolved with a signed agreement, such as a Settlement Agreement or a Prenuptial Agreement.

Please indicate which number of matters you are providing information on by initialing one of the boxes below.

Initials

I am submitting documentation of participation in five (5) Collaborative matters.

Initials

I am submitting documentation of participation in fifteen (15) Collaborative matters in lieu of a mediation training.

6. Peer References: The Credentialing Committee will contact at least four (4) professionals listed on your submitted matter affidavits to obtain confidential references. None of the individuals listed in the affidavits may be related to the applicant by blood, marriage, or civil union, or be a current professional partner or associate of the applicant. The information obtained from the references will remain confidential and will not be shared with the applicant.

7. Disciplinary and Grievance Matters:

a. Has your license/certification/designation to practice been suspended or have you been reprimanded or otherwise disciplined by your licensing/certification/designation Board in Florida or any other state Board or national certifying entity?

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Initials

Yes

If yes,

Initials

No

give full details and attach all written evidence of dismissal or other disposition on an attachment to this application (as allowed by state rules and laws).

b. Have you been convicted, given probation or fined for a felony crime?

Initials

Yes

Initials

No

If yes, provide full details and attach all relevant documentation. Please answer “yes” regardless of: (1) whether the conviction resulted from a plea of guilty or nolo contendere; (2) whether the conviction resulted from a verdict after trial or otherwise; or (3) whether an appeal is currently pending. FACP reserves the right to conduct a criminal background check if the Credentialing Committee so requests.

Note: Failure to enclose all required documentation will delay the processing of this application.

8. Covenants and Representations

- a. I have read the FACP Credentialing Policies and Procedures and the FACP Ethics Standards regarding accreditation.
- b. I certify that I am fully qualified for accreditation and I know of no reason why I am not entitled to accreditation.
- c. I agree that I will surrender any accreditation certificate held by me upon revocation of my accreditation by FACP, my resignation or failure to re-accredit. I agree that in the event my accreditation is suspended, revoked or not renewed, I will immediately cease holding myself out in any manner as accredited by FACP and will remove my accreditation badge from all public display.
- d. I agree to supply all relevant documents, records and other information that may be requested from me in the consideration of my application.
- e. I agree to be bound by the Standards, Policies and Procedures of the FACP Credentialing Committee and the FACP Collaborative Process Ethical Standards, as they may be modified from time to time.
- f. I agree to timely pay all fees required by the FACP.
- g. I agree that the courts of the State of Florida shall have exclusive jurisdiction over any controversy, claim, dispute or legal action arising from my application, my accreditation by FACP, or any actions that may be taken by the FACP, its officers, directors or volunteers.

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- h. I hereby certify that I have carefully reviewed this application, have personally made each statement and representation herein and have answered each question fully and frankly and without concealment or reservation.
- i. The responses contained in this application are within my person knowledge.
- j. I certify that all statements in this application are true and accurate.

By signing below, I _____ hereby certify that I have read the Covenants and Representations stated in paragraph eight (8) and certify the statements therein.

Signed by: _____

Name of Applicant _____

Form A – Affidavit from Practice Group President or Treasurer

[Name of Applicant] _____ is applying for accreditation as an Accredited Collaborative Professional: Financial, to the Florida Academy of Collaborative Professionals (“FACP”). The FACP requires completion of the form below by the President or Treasurer of one Practice Group of which the applicant is a member to certify that he/she is a member in good standing of that Practice Group and that the Practice Group has paid dues to the FACP on behalf of the applicant. The applicant is responsible to provide this form to FACP with their application so please return the completed form directly to the applicant, not FACP. Thank you.

For completion by Practice Group President or Treasurer:

By signing below on behalf of the _____ Practice Group, I hereby certify that _____ is a member in good standing of the Practice Group and that all required FACP dues for the applicant have been paid.

Signed by: _____

Print name: _____

Office: _____

Name of Applicant _____

Form B – Documentation of Completed Collaborative Matters

If you have met the requirement of forty (40) hours of mediation training, please provide proof of five (5) successfully completed Collaborative matters by obtaining signatures from the other members of the professional team for each of those matters. If you have not taken the required mediation training, please provide affidavits for 15 successfully completed Collaborative matters. Please provide a separate Form B for each matter.

Matter Identification _____ Type of Collaborative matter _____
(name/case #) (dissolution/ pre-nuptial/ other)

Signature for Attorney #1: _____

Print Name for Attorney #1: _____

Date of Signature: _____ Phone: _____

Email Address: _____

Signature for Attorney #2: _____

Print Name for Attorney #2: _____

Date of Signature: _____ Phone: _____

Email Address: _____

Signature for Neutral Facilitator: _____

Print Name for Neutral Facilitator: _____

Date of Signature: _____ Phone: _____

Email Address: _____

Signature for Neutral Financial Professional: _____

Print Name for Neutral Financial Professional: _____

Date of Signature: _____ Phone: _____

Email Address: _____

Please note that any of the professionals listed above may be contacted by the FACP Credentialing Committee for a reference and that information will be held confidential and not released to the applicant.

Name of Applicant _____

Form C – Applicant Authorization for Release of Information

To all mental health associations, mental health regulatory entities, professional regulatory agencies, lawyers, Collaborative mental health professionals, Collaborative financial professionals and any other individuals or entities who have knowledge or information pertinent to my application for credentialing with the Florida Academy of Collaborative Professionals (“FACP”):

I hereby authorize and request the release of information and records referred to in my application for accreditation directly to the Florida Academy of Collaborative Professionals. This information will be used for the purpose of determining my eligibility and qualification for accreditation as an Accredited Collaborative Professional: Financial.

This Authorization will be valid for one (1) year after I have executed it.

A copy of this Authorization is as effective as the original.

Applicant’s signature: _____

Date: _____

Name of Applicant _____

Form D – Release of Liability

In making and filing this application, I authorize all persons, corporations, associations, organizations, state and federal agencies and instrumentalities (including boards of professional responsibility, references, business and professional associates and Collaborative professionals) identified in my FACP Application for Accreditation to furnish to the FACP, or any of its authorized representatives, all relevant documents, records or other information that may be requested in the review of the Application. I specifically waive any right to review any confidential statement of reference made to the FACP. I agree that upon its submission to the FACP, this application shall become and remain the property of the FACP, and that pursuant to the Credentialing Policies of the FACP, the official record of this application shall be maintained solely in digital media.

I hereby release, discharge and exonerate the FACP, its officers, directors, members, agents, employees and representatives (collectively the “FACP”), and any and all persons or agencies furnishing information, opinions or evaluations to FACP in connection with this application, from any and all liability of every nature and kind arising from the investigation and evaluation of my application or out of the furnishing of such information, whether communicated orally or in writing. I agree to defend or pay the costs of defense, at the discretion of the FACP, for any suit or claim related to this application, and to indemnify the FACP for any judgment or settlement ordered or paid as a result of any legal action arising from my application or from my accreditation by the FACP.

I further waive all claims that I may have now or in the future that may arise with respect to such information or its disclosure.

I hereby indemnify and hold harmless the Florida Academy of Collaborative Professionals from any and all liability arising from, or in any way related, to its investigation, processing and decision making with regard to my accreditation application.

I understand and agree that applying for accreditation does not necessarily mean that the Florida Academy of Collaborative Professionals will accredit me. I understand and agree that acceptance for accreditation as an Accredited Collaborative Financial Professional is within the sole discretion of the Florida Academy of Collaborative Professionals and its decision is final.

Date

Applicant’s Signature

Name of Applicant _____

Form E – List of Requirements

- _____ Covenants and Representations reviewed and signed
- _____ Copy of your IACP Certificate or Dashboard Page
- _____ Form A – Affidavit of Practice Group President or Treasurer
- _____ Certificate of Completion of 14 hours of Introductory Interdisciplinary Collaborative Training
- _____ Certificate of Completion/CE Broker transcript of 3.0 hours of Collaborative ethics training
- _____ Certificate of Completion/CE Broker transcript for 1.5 hours of Intimate Partner/Domestic Violence in Collaborative Practice training
- _____ Certificates of Completion/CE Broker transcript for an aggregate of 15 additional hours of training in one or more of the following subjects
 - i.** Interest-based negotiation
 - ii.** Communication skills
 - iii.** Conflict resolution
 - iv.** Advanced mediation skills
 - v.** Advanced Collaborative training
 - vi.** Family Systems Theory
- _____ Certificate of completion of forty (40) hours of mediation training verified by the Florida Supreme Court Dispute Resolution Center or an equivalent body in another state OR the completion of fifteen (15) Collaborative matters with affidavits for each matter signed by all the professional members of each Collaborative team using Form B – Documentation of Completed Collaborative Matters
- _____ Certificate of Completion of 24-hour Parenting Coordination training
- _____ Form B - Documentation of completion of 5 (five) Collaborative matters with affidavits for each matter signed by all the professional members of each Collaborative team
- _____ Form C - Release of Information
- _____ Form D - Release of Liability