

**ST. LOUIS COLLABORATIVE FAMILY LAW ASSOCIATION
APPLICATION FOR MEMBERSHIP NEW MEMBER**

Membership Year is July 1 – June 30
Deadline: May 15

For Membership Year: _____

Name: _____
First Middle Last

Profession:

Lawyer Licensed in Missouri

Mental Health

Licensed Clinical Social Worker (LCSW)

Marriage and Family Therapist (MFT)

Licensed Professional Counselor (LPC)

Licensed Psychologist (SCOP)

Other _____

Financial

License in good standing as:

Certified Financial Planner (CFP)

Certified Management Accountant (CMA)

Certified Public Accountant (CPA)

Certified Divorce Planner (CDP)

Full Member Full members must meet the educational, licensing, experience, and training requirements with the exception of the CFLA cross-training requirements below. **The cross-training requirements must be completed within three years of joining CFLA.**

Associate Member Associate members meet the educational and licensing requirements for membership but have not yet met all the training or experience requirements. **The training and experience requirements, including the cross-training, must be completed within three years of joining CFLA.**

Office Address: _____

Business Name: _____

Telephone: _____

Email: _____ Website Address: _____

Office 2 Address: _____

Telephone: _____ Fax: _____

Home Address (not distributed beyond group):

Partner/Spouse: _____

EDUCATION AND TRAINING REQUIREMENTS

ALL MEMBERS

1. I have completed a forty (40) Mediation Training (including divorce mediation).

Course/Trainer(s) _____

Location/Date: _____

- I have not yet met the above requirement.

2. I have completed a twelve (12) Interdisciplinary Collaborative Practice Training taught by trainers who meet the IACP minimum standards for trainers.

Course/Trainer(s) _____

Location/Date: _____

- I have not yet met the above requirement.

ATTORNEY REQUIREMENTS

1. I have practiced law for a minimum of three (3) years.
 I have not yet met the above requirement.
2. During the preceding three (3) year period at least forty percent (40%) of my practice involved family law issues.
 I have not met the above requirement.
3. I agree to complete education or training in the areas of: (i) mental health including family systems and (ii) financial fundamentals of divorce, within three (3) years of my initial membership approval (whether as associate or full member). Note: these are usually a three (3) hour training provided by CFLA members. Alternate programs may be approved by the CFLA membership committee.

If you have already completed either of these programs:

Family Systems Course/Trainer(s) _____

Location/Date: _____

Divorce Financial Course/Trainer(s) _____

Location/Date: _____

MENTAL HEALTH PROFESSIONAL REQUIREMENTS

1. *I plan on participating as a Coach:*
 Attached is my resume or vita providing a detailed summary of my background, education, training, and experience in Family Systems Theory, Individual and Family Life Cycle Development, Assessment of Individual and Family Strengths, Assessment and Challenges of Family Dynamics in Separation and Divorce, and/or the Challenge of Restructuring Families after Separation (Maximum 500 words).
 I have completed three (3) years of post-graduate clinical experience (master's level or above) using the above skills and knowledge detailed as follows (attach additional sheets as needed): _____

I have not yet met the above requirement.

2. ***I plan on participating as a Child Specialist:***

Attached is my resume or vita providing a detailed summary of your background, education, training, and experience in child development with a focus on the impact of divorce and children's issues in divorce (Maximum 500 words).

I have completed three (3) years of post-graduate clinical experience (master's level or above) using the above skills and knowledge detailed as follows (attach additional sheets as needed): _____

I have not yet met the above requirement.

3. I agree to complete education or training in the areas of: (i) family law training designed to give the non-lawyer professional a basic understanding of family law, and (ii) financial fundamentals of divorce, within three (3) years of my initial membership approval. (Note: these are usually three (3) hour programs provided by CFLA members. Alternate programs may be approved by the CFLA membership committee.)

If you have completed this requirement in either area, please state below:

Family Law Course/Trainer(s) _____

Location/Date: _____

Divorce Financial Course/Trainer(s) _____

Location/Date: _____

I have not yet met the above requirement.

FINANCIAL PROFESSIONAL REQUIREMENTS

1. I have three (3) years of experience and education in the financial aspects of divorce and/or personal financial planning concepts, which may include cash management and spending plans, retirement and pension plans, income tax, investments, real estate, insurance, property valuation and division, and/or individual and family financial planning concepts, detailed as follows (attach additional sheets as needed): _____

I have not yet met the above requirement.

2. I have completed an additional twenty (20) hours of education in the financial fundamentals of divorce giving the financial professional a basic understanding of family law including: divorce procedures; property valuation and division; pensions and retirement plans; budgeting income and expenses; child and spousal support; future income projections; and/or financial implications of different scenarios for settlement, detailed as follows (include dates and program and attach additional sheets as needed):

I have not yet met the above requirement

3. I agree to complete education or training in the areas of (1) mental health including family systems, and (2) family law training designed to give the non-lawyer professional a basic understanding of family law, within three years of my initial membership approval (whether as associate or full member). These are usually three-hour programs provided by CFLA members. Alternate programs may be approved by the CFLA membership committee.

If you have completed either of these programs:

Family Systems Course/Trainer(s) _____

Location/Date: _____

Family Law Course/Trainer(s) _____

Location/Date: _____

PLEDGES

By signing below, I agree to the following (check each individually and sign below):

- I commit to follow the purpose and mission of the Collaborative Family Law Association, which is “to promote the resolution of family and other disputes, including divorce issues, using the collaborative practice method, and to promote, support and nurture the development of a group of professionalism collaborative practice.”
- I commit to follow the purpose and mission of International Academy of Collaborative Professionals (IACP) and will strive to practice in a manner consistent with the Principles of Collaborative Practice and Ethical Standards.
- I agree to be an active member of CFLA, participating in business meetings, continuing education, study groups, social events, and team debriefing sessions
- I agree to participate in CFLA during the upcoming membership year by actively serving on a committee or on the board of directors. Active participation shall generally be defined as attending at least fifty percent (50%) of meetings.
- I agree to attend at least three (3) regular corporation meetings (business and educational) during the upcoming membership year as required by the bylaws.
- If I have a website and am able to control the content, I will include a link to the CFLA website.
- I agree to use the standard Participation Agreement issued by CFLA, a written representation agreement which includes the scope of service paragraph issued by CFLA, and to commit to the principles and guidelines of CFLA, including all provisions requiring confidentiality and that attorneys withdraw if the matter results in contested litigation.
- I agree to complete ten (10) hours of continuing education or training every twenty-four (24) months in any one or a combination of the following: collaborative practice, advanced mediation, family law, or other training relevant to collaborative practice. **This will be reported in even-numbered years.**
- I understand that I will be listed as a member professional in CFLA brochures, advertising materials, and on the CFLA website, and I consent to receive emails from CFLA regarding membership issues, meetings, and general information (not advertisements). I understand that if I am an associate member, this will be indicated on the website and other published information issued by CFLA. **If I am an associate member, I will indicate this status on my own website and other promotional materials.**

I will carry malpractice insurance at no less than the minimum coverage offered by my professional malpractice carrier for my discipline and role. Please submit a copy of the declaration page from your policy along with this application.

I AGREE TO ABIDE BY THE FOREGOING AGREEMENTS AND PRINCIPLES.

Signature of Applicant: _____ *Date:* _____

IF I AM APPROVED FOR ASSOCIATE MEMBERSHIP, I UNDERSTAND THAT I AM EXPECTED TO MEET ALL THE REQUIREMENTS FOR FULL MEMBERSHIP WITHIN THREE (3) YEARS.

Signature of Applicant: _____ *Date:* _____

Please submit the following no later than May 15:

- Completed Membership Application
- Completed IACP Application—**DO NOT MAIL TO IACP**
- Initiation Fee of \$150.00.
- Annual Dues: Full Members: \$200.00. Associate Members \$100.00.
(Note: timely payment of annual dues is required to maintain your membership in CFLA.)
- Declaration page from your current malpractice insurance policy.

Note: you may send completed application & forms via email and mail the check separately.

Address: Collaborative Family Law Association Email: sophy@razajones.com
 ATTN: Sophya Q. Raza
 1034 S. Brentwood Blvd., Suite 1555
 St. Louis, MO 63117