

APPLICATION FOR MAINE COLLABORATIVE LAW ALLIANCE MEMBERSHIP

Regular members shall be individuals who are lawyers, financial professionals, or mental health professionals accepted based on their meeting the Maine Collaborative Law Alliance Minimum Standards (attached to this application) and By-Laws.

NAME: _____

FIRM NAME: _____

ADDRESS: _____

WEBSITE : _____

PHONE : _____ EMAIL: _____

PRACTITIONER ROLE:

ATTORNEY: ____

COACH: ____ Please circle: LCSW LCPC LMFT Ph.D Psy.D Other ____

FINANCIAL SPECIALIST: ____ Please circle: CFP/CDFP CPA/CDFP JD/CDFP

States where you are licensed to practice and dates of licensure/admission:

Professional License/Registration Number(s): _____

Basic Collaborative Training Dates: _____

Trainers: _____

Sponsoring Organization: _____

Location (city and state): _____

Hours: _____

If Kids First Program, Massachusetts Collaborative Law Council or the Collaborative Law Alliance of New Hampshire did not sponsor this training, please attach a copy of your certificate of attendance.

REQUIREMENTS FOR MEMBERS:

1. Professional license in State of Maine or equivalent in another state and in good standing

with professional licensing, regulatory or certifying entity (Attorneys must have current Maine Bar license);

2. Adherence to and Support of the Maine Collaborative Law Alliance minimum standards for Collaborative Practice;

3. Support for the principles and guidelines of Collaborative Practice as may be from time to time promulgated by the board;

4. Completion of a minimum level of training and education in Collaborative Practice, such minimum level to be defined by the board from time to time;

5. A reputation of maintaining high ethical standards;

6. No disciplinary action against the applicant within the previous five years from any professional licensing, regulatory or certifying entity in any jurisdiction overseeing that member's profession in any jurisdiction;

7. Payment of annual dues;

8. Compliance with continuing education standards to be defined by the board from time to time; and

9. Intent to be available to provide Collaborative Practice services.

By signing this application:

I certify that I meet all the requirements of membership for Collaborative Practice for the practice role in which I am applying, and certify that the information contained herein is true and accurate.

Dated: _____

Signature: _____

Can MCLA make your membership and contact information public?: Y ___ N ___

Do you want to have an individual profile/practice page on MCLA's website?: Y ___ N ___

Please mail application and check for \$150 for attorneys and financial professionals (\$50 onetime website fee and \$100 annual fees) for coaches \$125 (\$50 onetime website fee and \$75 annual fees) made out to The Maine Collaborative Law Alliance to the following address:

**Maine Collaborative Law Alliance
PO Box 10527
Portland, Maine 04104**

Revised 10/19/15