

# **COLLABORATIVE PROFESSIONALS OF NORTHERN VIRGINIA, INC. (CPNV)**

**FORMERLY THE COLLABORATIVE LAW SOCIETY OF D.C.,  
MARYLAND AND VIRGINIA, INC. (CLS) AND THE  
COLLABORATIVE FAMILY LAW SOCIETY (CFLS)**

## **MEMBERSHIP APPLICATION AND REQUIREMENTS**

**Complete forms and return with payment of \$140 for Annual Dues (checks made payable to CPNV) to:**

**CPNV, c/o  
Steven Goldman, Membership Chair  
Curran Moher Weis  
10300 Eaton Place, Suite 520  
Fairfax, VA 22030**

**COLLABORATIVE PROFESSIONALS OF NORTHERN VIRGINIA, INC. (CPNV)  
MEMBERSHIP REQUIREMENTS – ATTORNEYS**

The CPNV has established the following requirements for eligibility of Attorney members:

1. Member licensed and in good standing of a mandatory bar association in the jurisdiction in which he/she accepts Collaborative cases and maintains current professional liability insurance.
2. Minimum three years of experience in area of law in which he/she accepts Collaborative cases or other comparable experience approved by the Board or its Executive Committee.
3. Active practice in area of law in which he/she accepts Collaborative cases.
4. Member in good standing of the International Academy of Collaborative Professionals (“IACP”, [www.collaborativepractice.com](http://www.collaborativepractice.com)) and the Virginia Collaborative Professionals (“VaCP”, [www.vacollaborativepractice.com](http://www.vacollaborativepractice.com)).
5. Completed at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
6. If completed only referral model Collaborative Practice training at the time of application, then complete at least 18-24 hours of approved Collaborative Practice Team training within one year of application and notify CPNV Membership Chair upon completion.
7. Completed 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). (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
8. Completed an additional 15 hours of further training in interest-based negotiation, communication skills training, intermediate Collaborative training, advanced Collaborative training, or basic professional coach training. (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
9. Payment of Annual Dues.

## **COLLABORATIVE PROFESSIONALS OF NORTHERN VIRGINIA, INC. (CPNV) MEMBERSHIP REQUIREMENTS – MENTAL HEALTH PROFESSIONALS**

The CPNV 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 and maintains current professional liability insurance:
  - a. Clinical or Counseling Psychologist—PhD, Ed.D.
  - b. Doctorate of Psychology—Psy. D.
  - c. Licensed Clinical Social Worker—LCSW
  - d. Marriage and Family Therapist—MFT
  - e. Psychiatrist—MD
  - f. Licensed Professional Counselor—LPC
2. Minimum three years experience in Mental Health practice with substantial amount of practice devoted to family or divorce issues if accepting family or divorce cases.
3. Active practice with substantial amount of practice devoted to area of expertise in which he/she accepts Collaborative cases, for example, in family or divorce issues if accepting family or divorce cases.
4. A. For the role of Coach or Mental Health Expert in divorce or family 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 divorce or family 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.
5. Member in good standing of the International Academy of Collaborative Professionals (“IACP”, [www.collaborativepractice.com](http://www.collaborativepractice.com)) and the Virginia Collaborative Professionals (“VaCP”, [www.vacollaborativepractice.com](http://www.vacollaborativepractice.com)).
6. Completed at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
7. If completed only referral model Collaborative Practice training at the time of application, then complete at least 18-24 hours of approved Collaborative Practice

Team training within one year of application and notify CPNV Membership Chair upon completion.

8. Completed at least three hours of training aimed at giving the Mental Health Professional a basic understanding of applicable law in the jurisdiction in which they practice, for example, family law if accepting divorce or family cases.
9. Completed 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). (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
10. Completed an additional 15 hours of further training in interest-based negotiation, communication skills training, intermediate Collaborative training, advanced Collaborative training, or basic professional coach training. (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
11. Payment of Annual Dues.

**COLLABORATIVE PROFESSIONALS OF NORTHERN VIRGINIA, INC. (CPNV)  
MEMBERSHIP REQUIREMENTS – FINANCIAL PROFESSIONALS**

The CPNV 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 and maintains current professional liability insurance:
  - a. Certified Financial Planner—CFP
  - b. Certified Public Accountant—CPA
2. Minimum three years experience in financial practice with substantial amount of practice devoted to family or divorce issues if accepting family or divorce cases.
3. Active practice with substantial amount of practice devoted to area of expertise in which he/she accepts Collaborative cases, for example, in family or divorce issues if accepting family or divorce cases.
4. 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
5. Member in good standing of the International Academy of Collaborative Professionals (“IACP”, [www.collaborativepractice.com](http://www.collaborativepractice.com)) and the Virginia Collaborative Professionals (“VaCP”, [www.vacollaborativepractice.com](http://www.vacollaborativepractice.com)).
6. Completed at least 12 hours of approved Collaborative Practice training (referral model) or 18-24 hours of approved Collaborative Practice Team training.
7. If completed only referral model Collaborative Practice training at the time of application, then complete at least 18-24 hours of approved Collaborative Practice Team training within one year of application and notify CPNV Membership Chair upon completion.
8. If accepting family or divorce cases, completed at least 20 hours in 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 implication of different scenarios for settlement
9. Completed 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). (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
  10. Completed an additional 15 hours of further training in interest-based negotiation, communication skills training, intermediate Collaborative training, advanced Collaborative training, or basic professional coach training. (Or complete within two years of application and notify CPNV Membership Chair upon completion.)
  11. Payment of Annual Dues.

## APPLICATION

This information will be listed on our Membership List and distributed to potential clients by other members.

Your name:

Firm/Mailing Address:

Email:

Website:

Telephone:

Fax:

Profession:    Legal \_\_\_\_\_    Mental Health \_\_\_\_\_    Financial \_\_\_\_\_

List all degrees, certifications, licenses that you would like listed after your name such as JD, MD, PhD, Psy D, LCSW, MFT, CFP, CPA, CDP:

States in which you certify that you are licensed to practice and intend to accept Collaborative cases:

DC \_\_\_\_\_                      VA \_\_\_\_\_                      MD \_\_\_\_\_

Dates, locations and instructors of all Collaborative Practice Training (you may print and attach your IACP bio listing this information):

Dates and providers of Mediation training (30 hours of Mediation training required within one year) (you may print and attach your IACP bio listing this information):

Background, education and experience in your field. Include a description of field and nature of experience sufficient to meet requirements of membership (you may print and attach your IACP bio listing this information):

**Attorneys:** Three years experience required in area in which you will be accepting Collaborative cases.

**Mental Health and Financial Professionals:** Three years experience required. You may attach a resume or *CV* or additional pages.

*CV* or resume attached: \_\_\_\_\_.

I hereby apply for membership in the CPNV. As a condition of continued membership, I certify that I will:

- Comply with all CPNV rules, protocols and procedures as developed from time to time.
- Comply with the terms of every Collaborative Participation or Commitment Contract, stipulation and agreement that I sign in the Collaborative Process and also with any Collaborative Participation or Commitment Contract signed by my client with my approval.
- Withdraw from representation as provided in the Collaborative Participation or Commitment Contract signed by me or by my client with my approval if either party commences litigation.
- Join the IACP and VaCP within 30 days of submitting this application.
- Completed 18-24 hours of Collaborative Team Training [CHECK TO CONFIRM \_\_\_\_\_] OR Completed 12 hours of training in Collaborative Practice and will complete 18-24 hours of Collaborative Team Training within one year and notify CPNV Membership Chair upon completion.
- Completed a 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) [CHECK TO CONFIRM \_\_\_\_\_] or will do so within two years of application and notify CPNV Membership Chair upon completion.
- Completed an additional 15 hours of further training in interest-based negotiation, communication skills training, intermediate Collaborative training, advanced Collaborative training, or basic professional coach training [CHECK TO CONFIRM \_\_\_\_\_] OR will do so within two years of application and notify CPNV Membership Chair upon completion.
- At least once every two years participate in a continuing education course or program in Collaborative practice or areas that support its principles as determined by the Board.
- Hold myself out as being a member of only the category of membership (e.g. Legal, Mental Health, Financial) for which I have applied.
- Accept Collaborative cases only in the areas of expertise in which I am actively practicing and have a minimum of three years experience.
- Indemnify CPNV for any liability, losses or damages incurred as a result of my actions or omissions constituting negligence, malpractice, or willful misconduct.
- (For Attorneys) Accept Collaborative cases only in the jurisdictions in which I am licensed.
- Pay Annual Membership Dues.
- I hereby certify that I have never been charged with a felony. If you have been charged, please provide date, charge, and resolution. \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**ATTORNEYS:**

I hereby certify that I:

- Am a member in good standing of a mandatory bar association and that I currently maintain professional liability insurance.
- Have at least three years of domestic relations legal experience if I will be accepting family or divorce Collaborative cases, or other comparable experience approved by the Executive Committee or, alternatively, have at least three years experience in the following area of practice in which I will be accepting Collaborative cases  
\_\_\_\_\_.
- Currently have an active practice in domestic relations 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 \_\_\_\_\_.

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

Attach evidence of:

1. current mandatory bar membership and
2. current malpractice insurance coverage (or explanation as to why it is not attached).

**MENTAL HEALTH PROFESSIONALS:**

I hereby certify that I:

- Am a professional licensed as a Ph.D., Ed.D, Psy. D., LCSW, MFT, MD, or LPC to practice and in good standing in DC, VA and/or MD and that I currently maintain professional liability insurance (if required by licensing body).
- Have at least three years experience in Mental Health practice with substantial amount of practice devoted to family or divorce issues if accepting family or divorce Collaborative cases \_\_\_\_\_.
- 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 \_\_\_\_\_.
- Have background, education, and experience in the following areas necessary to hold myself out as a Coach or Mental Health Expert OR will not hold myself out as a Coach or Mental Health Expert in these areas: family and couples therapy and family systems theory, child development (child therapy encouraged), stages of family development including the unique challenges of diversified families and children with special needs, divorce related issues, including its impact on family development and the transition post-divorce, conflict resolution for couples, co-parents and parent-child relationships, and high conflict divorce and its impact on children
- Have background, education and experience in the following areas necessary to hold myself out as Child Specialist OR will not hold myself out as Child Specialist in these areas: child development (child therapy encouraged), stages of family development including the unique challenges of diversified families and children with special needs, divorce related issues, including its impact on family development and the transition post-divorce, and high conflict divorce and its impact on children, child and adolescent therapy.
- If accepting Collaborative divorce or family cases, completed three hours of training in family law in the 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 MENTAL HEALTH APPLICANT

\_\_\_\_\_  
DATE

Attach evidence of:

1. current license
2. current malpractice insurance coverage (or explanation as to why it is not attached).

## FINANCIAL PROFESSIONALS

I hereby certify that I:

- Am a professional licensed as a CPA (Certified Public Accountant) or CFP (Certified Financial Planner) to practice and in good standing in DC, VA and/or MD and that I currently maintain professional liability insurance (if required by licensing body).
- Have at least three years of experience in financial practice with substantial amount of the practice devoted to family or divorce issues if accepting family or divorce Collaborative cases.
- 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, cash management and spending plans, retirement and pension plans, income tax, investments, real estate, insurance, property division, individual and family financial planning concepts, domestic relations experience, 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, completed required training in the financial fundamentals of divorce or will complete such training 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 FINANCIAL APPLICANT

\_\_\_\_\_  
DATE

Attach evidence of:

1. current license
2. current malpractice insurance coverage (or explanation as to why it is not attached).