

# **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 – AFFILIATED PROFESSIONALS**

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

**CPNV, c/o Alex Xantopoulos  
Roop Law Firm  
1604 Spring Hill Road #460  
Vienna, Virginia 22182**

**\*Please contact Alex at [alex@rooplaw.com](mailto:alex@rooplaw.com) for the amount of dues owed at time of application.**

## **MEMBERSHIP REQUIREMENTS – AFFILIATED PROFESSIONALS**

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

1. Member licensed and in good standing of licensure in applicant's profession (describe licensure and attach documentation thereof) and maintains current professional liability insurance.
2. Minimum three years of experience in area of applicant's profession in which he/she accepts Collaborative cases or other comparable experience approved by the Board or its Executive Committee.
3. Active practice in applicant's profession in which he/she accepts Collaborative cases.
4. Completed at least 16 hours of approved Collaborative interdisciplinary team training.
5. Must be a member in good standing of the Virginia Collaborative Professionals ("VaCP", [www.vacollaborativepractice.com](http://www.vacollaborativepractice.com)).
6. Affiliate members may join the International Academy of Collaborative Professionals (IACP, <https://www.collaborativepractice.com>), but they may not list themselves as members of CPNV on the IACP website.
7. Payment of Annual Dues.

**APPLICATION**

This information will be available on the CPNV website on a page available to full CPNV members.

Your name:

Mailing Address:

Email:

Your website URL to be listed on the CPNV website:

Telephone:

Fax:

Profession:

List all degrees, certifications, licenses that you would like listed after your name:

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:

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

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.
- Completed 16 hours of Collaborative Interdisciplinary Team Training.
- 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 [PLEASE LIST PROFESSION: \_\_\_\_\_] for which I have applied.
- Indemnify CPNV for any liability, losses or damages incurred as a result of my actions or omissions constituting negligence, malpractice, or willful misconduct.
- Join the VaCP within 30 days of submitting this application.
- 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

**AFFILIATE PROFESSIONAL CERTIFICATION OF CREDENTIALS:**

I hereby certify that I:

- Am licensed as a [PLEASE LIST PROFESSION: \_\_\_\_\_] for 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 the profession for which I will be accepting Collaborative cases, or other comparable experience approved by the Executive Committee.
- Currently have an active practice in [PLEASE LIST PROFESSION: \_\_\_\_\_] for 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 AFFILIATE APPLICANT

\_\_\_\_\_  
DATE

Attach evidence of:

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