

COLLABORATIVE PROFESSIONALS OF NORTHERN VIRGINIA, INC. (CPNV)

MEMBERSHIP APPLICATION AND REQUIREMENTS

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

**CPNV, c/o Alex Xanttopoulos (Membership Chair)
Roop Law Firm
1604 Spring Hill Road #460
Vienna, Virginia 22182**

***Please contact Alex Xanttopoulos at alex@rooplaw.com for the amount of dues owed at time of application.**

**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. However, if an applicant has less than 3 years experience, he/she may apply to the Board for membership if he/she accepts and works with a mentor.
3. Active practice in area of law in which he/she accepts Collaborative cases.
4. Member in good standing of the Virginia Collaborative Professionals (“VaCP”, www.vacollaborativepractice.com).
5. Completed at least 16 hours of approved Collaborative interdisciplinary team training.
6. 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.)
7. 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.)
8. 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. However, if an applicant has less than 3 years experience, he/she may apply to the Board for membership if he/she accepts and works with a mentor.

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 Virginia Collaborative Professionals (“VaCP”, www.vacollaborativepractice.com).

6. Completed at least 16 hours of approved Collaborative interdisciplinary team training.

7. 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.
8. 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.)
9. 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.)
10. 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. However, if an applicant has less than 3 years experience, he/she may apply to the Board for membership if he/she accepts and works with a mentor.
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 Virginia Collaborative Professionals (“VaCP”, www.vacollaborativepractice.com).
6. Completed at least 16 hours of approved Collaborative interdisciplinary team training.
7. 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
8. Completed at least 3 hours of training aimed at giving the financial professional a basic understanding of applicable law in the jurisdiction in which they practice, for example, family law if accepting divorce or family cases. (Or complete within one year of application.)
 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 (check one): Legal _____ Mental Health _____ Financial _____

Licensure:

Legal (circle all that apply): VA DC MD

Mental Health (circle all that apply): PhD Ed.D Psy. D. LCSW MFT MD LPC

Financial (circle all that apply): CFP CPA

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

Date	Location	Instructors

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

Date	Location	Instructors

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. Licensure and good standing with professional liability insurance for one of the following licenses required:

- 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

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 VaCP within 30 days of submitting this application.
- Completed 16 of Collaborative Interdisciplinary Team Training [CHECK TO CONFIRM]
- 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 [CHECK TO CONFIRM _____].
- 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 [CHECK TO CONFIRM _____].
- 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 _____.

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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).