COLLABORATIVE PROFESSIONALS OF VIRGINIA, INC. (CPV)

MEMBERSHIP APPLICATION AND REQUIREMENTS – AFFILIATED PROFESSIONALS

Complete forms and return to:

CPV, c/o Joshua Isaacs (Membership Chair)
Law Office of Moore, Christoff & Siddiqui, PLLC
526 King Street, Suite 506, Alexandria, Virginia 22314
703-535-7809

***Please contact Joshua Isaacs at jbisaacs@moorechristoff.com for any questions you may have. (Prorated) Dues are expected upon Board approval of your application – payment by credit card only.**

MEMBERSHIP REQUIREMENTS – AFFILIATED PROFESSIONALS

The CPV 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. Affiliate members may join the International Academy of Collaborative Professionals (IACP, https://www.collaborativepractice.com), but they may not list themselves as members of CPV on the IACP website.

6. Payment of Annual Dues.

APPLICATION

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

Your name:

Mailing Address:

Email:

Your website URL to be listed on the CPV 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 CPV. As a condition of continued membership, I certify that I will:

- Comply with all CPV 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 CPV for any liability, losses or damages incurred as a result of my actions or omissions constituting negligence, malpractice, or willful misconduct.
- 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.

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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 AFFILIATE APPLICANT DATE

Attach evidence of:

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