
Arkansas Alternative Dispute Resolution Commission

APPLICATION FOR CERTIFICATION

ROSTER OF CERTIFIED MEDIATORS FOR ARKANSAS CIRCUIT COURTS

This application is to be completed by persons who wish to be eligible to serve as compensated mediators for Arkansas Circuit Courts. Act 1179 of 2003 gives circuit and appellate court judges the discretionary authority to order any civil, juvenile, probate or domestic relations case to mediation.

Pursuant to Ark. Code Ann. § 16-7-202, the Arkansas Alternative Dispute Resolution Commission is responsible for the certification, professional conduct, discipline, and training of persons eligible and qualified to serve as compensated mediators for the courts. Certification by the Commission is required to mediate court ordered cases in Arkansas Circuit Courts, unless the judge chooses to appoint a non-certified mediator. Mediators working in the private sector, or any other branch of government, are not required but are permitted to be certified by the Commission.

Applications for certification will be reviewed as they are received. You will be notified of your certification status once all information has been verified and the background checks have been completed. No one should hold himself or herself out as a "certified" mediator until the Commission grants and notifies the applicant of such status.

Your application will not be processed without all required materials. Included in the required materials are an Authorization and Release Form, Individual Record Check Form, and Child Abuse Central Registry Check Release Form. Both forms are required for ALL mediators, regardless of the type of certification.

Certification must be renewed annually. The date of renewal is September 1st of each year. A certification renewal form will be sent to all certified mediators a month prior to the expiration date of their current certification. In addition to the skill and qualifications requirements, certified mediators will be required to maintain statistical information on all court ordered cases mediated and complete six hours of Continuing Mediation Education(CME) each year in order to qualify for renewal. Details on the requirements may be found in the Commission's *Requirements for the Certification of Mediators for Circuit Courts*.

The Arkansas Alternative Dispute Resolution Commission does not make mediator referrals. However the Roster of Certified Mediators for Circuit Courts shall be maintained as public record. Names, addresses and telephone numbers will be furnished to the public upon request. Applicants who do not wish to have their telephone number or address disclosed to the general public should so indicate on their application.

Please review the enclosed materials carefully. If you have any questions, you may call our office at (501) 682-9402.

**APPLICATION FOR CERTIFICATION
ROSTER OF CERTIFIED MEDIATORS FOR CIRCUIT COURTS**

PART I: PLEASE INDICATE THE TYPE(S) OF CERTIFICATION FOR WHICH YOU WISH TO APPLY

- | | |
|---|---|
| <input type="checkbox"/> Civil and Probate Mediation | <input type="checkbox"/> Juvenile Mediation |
| <input type="checkbox"/> Domestic Relations Mediation | <input type="checkbox"/> Access and Visitation
Family Mediation Program* |

** Please note that if you are interested in participating in the Access and Visitation Family Mediation Program, you also need to complete the enclosed Application for Consideration for the Program.*

PART II: PERSONAL INFORMATION

A. CONTACT INFORMATION

1. Name: _____
Last First Middle
- _____ Organization or Business
2. Mailing Address: _____
Street
- _____ City State Zip Code
3. Telephone number: _____
4. Facsimile number: _____
5. Email and/or Web site: _____
6. Social Security Number: _____
7. Date of Birth: _____

B. DEMOGRAPHIC INFORMATION

Completion of Questions 8 and 9 is completely voluntary. Your application will not be affected by whether or not you choose to answer the following questions.

8. Sex – Male or Female: _____
9. Ethnic background: _____

PART III: TRAINING

A. Record of General Mediation Training

Describe the general mediation training you have received (minimum of 40 hours). Please attach copies of certificates of completion provided by the trainer for each course. List each course separately. Feel free to attach additional pages if necessary.

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Attended from: _____ to _____ Credit Hours: _____

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Attended from: _____ to _____ Credit Hours: _____

B. RECORD OF FAMILY MEDIATION TRAINING *(if applicable)*

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Attended from: _____ to _____ Credit Hours: _____

C. RECORD OF JUVENILE MEDIATION TRAINING *(if applicable)*

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Attended from: _____ to _____ Credit Hours: _____

D. RECORD OF OTHER ADR TRAINING *(if applicable)*

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Attended from: _____ to _____ Credit Hours: _____

PART IV: EDUCATION

1. What is the highest degree that you have attained? _____

2. Colleges and universities attended:

School Name: _____

Address: _____

Attended from: _____ to _____ Credit Hours: _____

Major Course Work: _____ Degree Obtained: _____

School Name: _____

Address: _____

Attended from: _____ to _____ Credit Hours: _____

Major Course Work: _____ Degree Obtained: _____

3. For applicants who wish to apply based on experience in the field of mediation, please explain how your application meets the following criteria:

“Have substantial, demonstrated, and satisfactory knowledge, skills, abilities, and experience as a mediator in the applicable field of mediation.”

Please provide documentation to explain how your experience in the field of mediation meet the above mentioned criteria.

4. If you are applying for certification as a family and/or mediator and have not received a master’s degree or higher, please provide evidence of at least two years work experience in family and marriage issues.

PART V: PRACTICAL EXPERIENCE:

Please attach a form completed by each mediator with whom you observed or with whom you co-mediated attesting to your observations and/or co-mediations. You may also attach proof of mediations you have conducted yourself with all identifying information removed.

A. Civil Cases: Please note that cases mediated in small claims court do not satisfy this requirement.

‘ _____

‘ _____

B. Domestic Relations Cases

‘ _____
‘ _____

C. Juvenile Cases

‘ _____
‘ _____

PART VI: OCCUPATION AND WORK EXPERIENCE

1. What is/was your primary occupation? _____

2. What is your current employment status? (Please check one of the following)

- | | |
|----------------------|---------------|
| ‘ Employed full-time | ‘ Student |
| ‘ Employed part-time | ‘ Unemployed |
| ‘ Retired | ‘ Other _____ |

4. Please list all professional affiliations which you consider relevant to your application.

PART VII: ADDITIONAL INFORMATION

1. What language(s), other than English, do you speak fluently (Please include American Sign Language)?

2. What is your customary hourly fee? _____

- ‘ Sliding Scale Available
- ‘ Travel Reimbursement Required
- ‘ Pro bono mediations offered

3. It is often helpful for parties when selecting a mediator to have information on the mediator's expertise in a given subject area. Please check below any area(s) of expertise or training.

- | | | |
|--|--|---|
| <input type="checkbox"/> Family Relations | <input type="checkbox"/> Contracts | <input type="checkbox"/> Labor/ Union Law |
| <input type="checkbox"/> Parenting Plans | <input type="checkbox"/> International | <input type="checkbox"/> Insurance Law |
| <input type="checkbox"/> Property Division | <input type="checkbox"/> Health Care | <input type="checkbox"/> Personal Injury |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Government | <input type="checkbox"/> Securities |
| <input type="checkbox"/> Juvenile | <input type="checkbox"/> Probate | <input type="checkbox"/> Education |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Small Claims | <input type="checkbox"/> Community and | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Intellectual Property | <input type="checkbox"/> Neighborhood | <input type="checkbox"/> Workers' Comp |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Victim Offender | <input type="checkbox"/> Other _____ |

4. Please identify any limits on your mediation practice (For example, subject matter limitations or geographic location).

PART VIII: BACKGROUND INFORMATION

1. Have you been convicted of or pled guilty to a violation of the law? This includes disclosing traffic violations resulting in suspension or revocation of a driver's license and DWI/DUI offenses.

No Yes If yes*, please explain fully. Attach additional sheets if necessary.

2. Have you ever applied and been rejected by any board for a certification, licensure, or registration?

No Yes If yes*, please explain fully. Attach additional sheets if necessary.

3. Have you been disciplined by any professional organization?

No Yes If yes*, please explain fully. Attach additional sheets if necessary.

4. Have your professional privileges been curtailed at any time?

No Yes If yes*, please explain fully. Attach additional sheets if necessary.

5. Have you relinquished a professional privilege or license while under investigation?

_____ No _____ Yes If yes*, please explain fully. Attach additional sheets if necessary.

6. Are there any complaints or charges currently pending against you by any Court, Administrative agency, Bar Association, or other disciplinary committee, agency or group in Arkansas or elsewhere? If so, please provide details including relevant dates, the conduct at issue and the disciplinary body involved.

_____ No _____ Yes If yes*, please explain fully. Attach additional sheets if necessary.

**See Addendum to the Application for Certification for candidates who have been convicted of a violation of the law, disciplined by a professional organization, had professional privileges curtailed, and/or relinquished a professional privilege or license while under investigation.*

PART IX: FEES

The fee for certification is \$75. The \$75 fee includes a certification fee of \$50 plus a \$25 non-refundable application fee. The \$50 registration fee is fully refundable if certification is not granted.

In order to refund the certification fee if certification is not granted, please enclose two checks or money orders. One check for the application fee should be enclosed in the amount of \$25. Another check should be enclosed for the certification fee in the amount of \$50. Both checks must be enclosed with this application.

Please make your check or money order payable to *the Arkansas ADR Commission*.

There will be a \$30 service charge for any returned check.

PART X: ASSURANCES

I certify that the information supplied in this application is accurate, that to the best of my knowledge I qualify for the category of certification for which I have applied. I understand that all information herein is subject to verification.

I understand that by completing this application I am giving my permission to the Arkansas ADR Commission to perform an individual background check with law enforcement authorities. The results of such an investigation will be used only in considering my suitability for Certification.

I certify that I have read the enclosed *Guidelines for the Conduct of Mediations and Mediators* and do swear or affirm that I will abide by those standards. Furthermore, I certify that I have read and understand the Commission's *Requirements for the Certification of Mediators for Circuit Courts*. If this application for certification is approved, I agree to abide by the policies and regulations set forth by the Arkansas ADR Commission and all subsequent amendments.

In addition, I understand that to gain and maintain certification I must provide statistical information to the ADR Commission on an annual basis. I also understand that I am obligated as a condition of my certification to ensure that Client Evaluation forms are provided to all of my clients referred from the courts.

I agree to notify the Commission promptly should any professional license I hold be revoked, or should I be disciplined by any governing body of an applicable agency. I agree to submit to the jurisdiction of the courts of Arkansas and the Arkansas Alternative Dispute Resolution Commission for purposes of fulfilling my obligation to comply with the Commission's Guidelines.

Signature of Applicant

Date

PART XI. AUTHORIZATION AND RELEASE FORM

Please check one, complete the relevant information, and sign below.

Attorney Applicants: I hereby authorize and request that the Board of Professional Conduct of the Supreme Court of Arkansas, and/or the disciplinary agency of any other state in which I am licensed or have been licensed to practice, provide to the Arkansas ADR Commission information on all disciplinary complaints filed against me, including those administratively dismissed by the Board or any other agency, and those resulting in non-public discipline.

Arkansas Attorney License # _____

If licensed to practice law in other states, please complete the following:

STATE	Name of Disciplinary Body	Address and Phone	ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other Applicants: I hereby authorize the licensing or disciplinary agency(s) listed below, to provide to the Arkansas ADR Commission information regarding the status of my license and all disciplinary complaints ever filed against me, including those administratively dismissed by such agency or resulting in non-public discipline.

Arkansas Professional License/Certification/Registration # _____

List name, address, and phone number of the Arkansas licensing agency:

If licensed in other states, please complete the following:

STATE	Name of Disciplinary Agency	Address and Phone	ID #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant

Date

APPLICATION CHECKLIST

- ‘ Documentation of Training
- ‘ Documentation of Degree
 - If documentation cannot be obtained easily, please contact the Commission Office
- ‘ Documentation of Observations/ Co-mediations/ Mediations
 - You must complete two observations, co-mediations, or mediations for each type of certification for which you have applied
- ‘ Registration/Application Fee of \$75.00
 - Make check or money order payable to the Arkansas ADR Commission
- ‘ Background Check Release Form
 - The forms for the Child Abuse Registry and the Arkansas State Police Individual Background Check must be notarized
 - You must return both forms or your application will not be processed
 - Applicants must pass both background checks in order to be eligible for certification regardless of the type of certification for which the applicant has applied.
- ‘ Authorization and Release Form
- ‘ Resume and/or other information to support application
- ‘ Signature of Applicant

Return completed application, supporting documents, and fee to:

Arkansas ADR Commission
Certification Program
625 Marshall Street
Little Rock, AR 72201

If you still have questions, please feel free to contact us!

Phone: (501) 682-9402
Fax: (501) 682-9410 fax
Web: [Http://courts.state.ar.us/courts/adr.html](http://courts.state.ar.us/courts/adr.html)

ADDENDUM TO APPLICATION FOR CERTIFICATION OF MEDIATORS

Procedure For Applicants For Certification or Renewal of Certification Who Have Been Convicted of or Pled Guilty to a Violation of The Law, Disciplined by a Professional Organization, Had Professional Privileges Curtailed, And/or Have Relinquished Any Professional Privilege or License While Under Investigation.

- A. Applicants for certification with the Arkansas ADR Commission must acknowledge the following information: (1) convictions of, guilty pleas to, or nolo contendere pleas to violations of the law, including traffic violations resulting in suspension or revocation of a driver's license and DUI offenses; (2) discipline by a professional organization; (3) curtailment of professional privileges; (4) relinquishment of any professional privilege or license while under investigation. An applicant against whom any of the above actions are pending shall likewise acknowledge this fact.
- B. Upon request of the Arkansas ADR Commission, the applicant must amend his/her application to provide (1) information concerning the background of the offense which led to conviction, plea, discipline, curtailment of professional privileges and/or relinquishment of professional privilege or license; (2) information concerning the length of time which has elapsed since the conviction, plea, discipline, curtailment and/or relinquishment; (3) the age of the applicant at the time of the conviction, plea, discipline, curtailment and/or relinquishment; (4) evidence of rehabilitation since the conviction, plea, discipline, curtailment and/or relinquishment.
- C. The applicant may be asked to appear before the Arkansas ADR Commission to discuss the information contained within the petition. The Commission will make a determination as to whether the applicant should be certified or have certification renewed.
- D. If an applicant for certification or renewal of certification fails to acknowledge (1) that he/she has been convicted of or pled guilty or nolo contendere to a violation of the law, including traffic violations resulting in suspension or revocation of a driver's license and DUI offenses; (2) that he/she has been disciplined by a professional organization; (3) that he/she has had his/her professional privileges curtailed; (4) that he/she has relinquished any professional privilege or license while under investigation; or (5) that any such actions are pending, the Arkansas ADR Commission will immediately notify the applicant for certification or renewal of certification that he/she will be denied certification or renewal of certification **or, if currently certified, removed from certification.**
- E. An adverse decision may be appealed to the full Commission within thirty days of the date of such decision. The Commission may grant a hearing to the applicant.