NOTICE TO APPLICANTS:

Please review your application before submitting!

The Arkansas Alternative Dispute Resolution Commission does not hold “Pending” applications. When you submit your application, you must include all necessary documents such as:

- Copies of training certificates
- Copies of educational degrees
- Proof of observations

Please see attached checklist for a complete listing.

Incomplete applications will be returned to the applicants **without** processing.

For any questions regarding what types of documents are acceptable, please feel free to call 501-682-9400.

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 (codified at Ark. Code Ann. § 16-7-202) 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. § 16-7-104, 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 court authorizes the party's selection of a non-certified mediator.

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, Arkansas State Police Individual Record Check Form, and Child Abuse Central Registry Check Release Form. All forms are required for ALL mediators, regardless of the type of certification.

In the event there is an issue with an applicant's background checks, standing with another licensing entity, or anything falling under "good moral conduct" the application is flagged as discretionary and will be reviewed by the full Commission. If you believe your application will be discretionary, you may want to contact the Commission office prior to submission.

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 prior to the expiration date of their current certification. In addition to the skill and qualifications requirements, certified mediators are 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, but does provide the Roster of Certified Mediators to anyone who contacts our office seeking mediation services.

Please review the enclosed materials carefully. If you have any questions, you may call our office at (501) 682-9400.

APPLICATION CHECKLIST

- ❑ **Documentation of Training**

- ❑ **Documentation of Degree**
  - **– Certified copy of transcript**
  - **– Lawyers licensed in Arkansas need only provide their Arkansas Bar number.**
  - **– 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.**
  - **–Observations, co-mediations or mediations will only be accepted if they were done after completion of all relevant training requirements.**
  - **– Documentation may include the observation form, a redacted agreement to mediate, memo from attorney or party verifying you mediated, or other written verification.**

- ❑ **Certification/Background Check Fee of $75.00**
  - **– Make check or money order (no cash or credit cards) payable to the Arkansas ADR Commission.**

- ❑ **Arkansas State Police Background Check Release Form**
  - **– Must be signed by applicant and notarized**

- ❑ **Central Registry Background Check Release Form**
  - **– Must be signed by applicant and notarized**

- ❑ **Authorization and Release Form**

- ❑ **Resume and/or other information to support application**
  - **– See attached sample for format.**

- ❑ **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 have questions, please feel free to contact us!

Phone: (501) 682-9400 Fax: (501) 682-9410 fax

Web: http://courts.arkansas.gov/adr

05.01.2014

APPLICATION FOR CERTIFICATION
Roster of Certified Mediators for Circuit Courts

PART I: PLEASE INDICATE THE CATEGORIES OF CERTIFICATION FOR WHICH YOU WISH TO APPLY

☐ Civil ☐ Probate

☐ Domestic Relations ☐ Juvenile

PART II: PERSONAL INFORMATION

A. CONTACT INFORMATION

Mediators' names, addresses, telephone numbers, and mediator profile will be posted to the ADR Commission's website (http://courts.arkansas.gov/adr). IF YOU DO NOT WANT YOUR INFORMATION INCLUDED ON THE WEBSITE, PLEASE CHECK THE BOX BELOW.

☐ **DO NOT include this information on the website.**

1. Name: _____
   Last First Middle

   _____
   Organization or Business

2. Mailing Address: _____
   Street

   _____
   City State Zip Code

3. Telephone number: _____

4. Facsimile number: _____

5. Email: _____

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. Gender: ☐ Male ☐ Female

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 meets the above mentioned criteria.

_____
_____
_____

4. If you are applying for certification as a domestic relations and/or juvenile division 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 Arkansas District Court or Federal 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 _____

3. 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. 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.

PART IX: FEES

The application fee is $75. This includes a certification fee of $50 plus a $25 non-refundable fee for ASP and Central Registry Background checks. The $50 certification fee is fully refundable if certification is not granted.

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 understand and agree that falsification or material omission of information on this application, or in the application process, is the basis for denial, restriction or loss of certification, whenever discovered.

I certify that I have read the enclosed *Requirements 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 Licensing/Disciplinary Body

_____

Address and Phone Number

_____

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 Licensing/Disciplinary Agency

_____

Address and Phone Number

_____

ID#

_____ _____

Signature of Applicant Date

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.

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Verification of Observation Form

SECTION I BACKGROUND INFORMATION

1. Name of Observer:
_____

2. Name of Mediator:
_____

SECTION II OBSERVATION INFORMATION

1. Date(s) of Observation: _____

2. Nature of Case:

☐ Civil ☐ Probate ☐ Domestic Relations

3. Length of Mediation: _____

4. Did the observer actively participate in the debriefing session following the mediation? Yes _____ No _____ If no, please explain:
_____
_____
_____
_____

5. Additional Comments:
_____
_____
_____
_____

_____ _____
Signature of Mediator Date

Authorization For Release of Confidential Information
Contained Within the Arkansas Child Maltreatment Central Registry

I hereby request that the Arkansas Child Maltreatment Central Registry, PO Box 1437, Slot S 566, Little Rock, Arkansas 72203, release any information their files may contain indicating the undersigned applicant as an offender of true report of child maltreatment.

This information should be addressed to:

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

I understand that the name of any confidential informants, or other information which does not pertain to the applicant as alleged perpetrator, will not be released.

_____
Applicant's Name (print or type)

_____
Social Security Number

_____
Maiden Name/Aliases

_____
Race Age DOB

Present Address:
_____
_____

From: _____ to _____

Past Address:
_____
_____

From: _____ to _____

_____
_____

From: _____ to _____

_____
_____

From: _____ to _____

Your Children
Please list FULL NAME and AGE of each child:

1) _____
2) _____
3) _____
4) _____
5) _____
6) _____

_____
Applicant's Signature

County of _____, State of Arkansas

Acknowledges before me this _____ day of _____ 20___.

My Commission expires: _____

_____
Notary Public

ARKANSAS STATE POLICE

ASP-122
(Rev. 11/05)

Identification Bureau
Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: ____ Sex: ____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: (____) _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____ .

_____
Notary Public

☐ 82001 Civil Record Check

JOHN H. DOE

ATTORNEY AT LAW
100 MAIN STREET
LITTLE ROCK, ARKANSAS 72201
PHONE (501) 555-0400 FAX (501) 555-3612

ALTERNATIVE DISPUTE RESOLUTION TRAINING

Arkansas Alternative Dispute Resolution Commission
Basic Mediation Skills, 40 hours

EDUCATION

Duke University — Durham, North Carolina
AB, Business Administration, 1955

University of Kentucky Law School — Lexington, Kentucky
LLB

University of Virginia — Charlottesville, Virginia

PROFESSIONAL LICENSES OR CERTIFICATES

Attorney's License
Arkansas, 1965

PROFESSIONAL EXPERIENCE

John H. Doe, P.A. — **Little Rock, Arkansas**
1998-Present
Attorney

Westcon Industries — Franklin, Kentucky
1990-1998
Development Manager

SAMPLE RESUME –

All information **must** be able to be included in a one page format for inclusion in the Certified Mediators Roster. If more than one page, items will be deleted in order to fit for publication.