

Check # _____ Amount \$ _____

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

2025 Application for Mediator Recertification

SECTION I GENERAL INFORMATION

1. Mediator Certification Number: _____
2. Name: _____
Last First Middle
Business Name: _____
Business Mailing Address: _____
Street and/or Post Office Box
City State Zip Code
3. Telephone: _____ Fax: _____
E-mail: _____ Website: _____

For the purpose of updating our records, please indicate if any of the above information is new: ☐ YES ☐ NO

SECTION II CONTINUING MEDIATION EDUCATION (CME)

Please submit proof of completion of 6 hours of continuing mediation education you have received during the **9/1/2024 to 8/31/2025** reporting period. Certificates of attendance should be emailed to adrcommission.cme@arcourts.gov.

- **If you have completed less than 6 hours of Continuing Mediation Education on the date the Recertification Application is submitted, complete and sign the 2025 Acknowledgment of Deficiency on page 4 of this application. If CME is subsequently completed by August 31, the submitted Acknowledgment of Deficiency form will become null and void.**

SECTION III MEDIATIONS

Statistical reporting forms must be submitted for all court-referred cases completed during the period September 1, 2024 to August 31, 2025. Please submit with this application only those reporting forms that have not been previously provided to the ADR Commission. A copy of the statistical reporting form is available on our website at <https://www.arcourts.gov/administration/adr/forms> or you may call our office and request it.

SECTION IV BACKGROUND

This section must be completed or the application will be returned.

If “yes” to any of the following questions, please provide detailed information on a separate sheet of paper:

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 DUI offenses. *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
2. Have you applied to and been rejected to any board for a certification, licensure, or registration? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
3. Have you been disciplined by any professional organization? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
4. Have your professional privileges been curtailed at any time? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
5. Have you relinquished a professional privilege or license while under investigation? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes

SECTION V EVALUATION AND CERTIFICATION

I understand that I am obligated as a condition of my continuing certification:

- 1) To familiarize myself with, and abide by, the *Requirements for the Certification of Mediators for Circuit Courts* and the *Requirements for the Conduct of Mediation and Mediators*;
- 2) To maintain Mediation Statistical Reports on each court ordered case that I mediate; and
- 3) To complete six hours of continuing mediation education each year.

I hereby certify that the information provided in this application is true to the best of my knowledge and accurately reflects my qualifications to provide mediation services in cases referred through the court system of the State of Arkansas. I understand that all information herein is subject to verification.

Signature of Applicant

Date

RECERTIFICATION DEADLINE IS AUGUST 31, 2025

**Please submit this application for recertification and your renewal fee in the amount
of
\$75.00 to:**

**Arkansas ADR Commission
Justice Building
625 Marshall Street
Little Rock, AR 72201**

If you have any questions, please call us at (501) 682-9400.

Arkansas Alternative Dispute Resolution Commission

2025 ACKNOWLEDGEMENT OF DEFICIENCY

I acknowledge that I failed to acquire a total of 6 hours of approved continuing mediation education for the reporting period ending August 31, 2025. I confirm that I will acquire sufficient hours of approved CME on or before December 31, 2025 in order to have 6 hours of approved CME applicable to the reporting period ending August 31, 2025 and certify same by January 10, 2026.

Print Name

Mediator Certification Number

Signature

Date

If this Acknowledgment of Deficiency form is submitted prior to the renewal deadline, the effective date of the document will be August 31st.

Mediators who have yet to complete all required CME for the current reporting period and who apply for recertification prior to the August 31 deadline, should submit this Acknowledgment of Deficiency form. If CME is subsequently completed prior to August 31, this form will become null and void.