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**ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION**  
**2024 Application for Mediator Recertification**

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**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 **9/1/2023 to 8/31/2024** reporting period.

*Only include programs which have been approved by the Arkansas ADR Commission.*

**If you have less than 6 hours of Continuing Mediation Education, you must complete and sign the 2024 Acknowledgment of Deficiency on page 4 of this application.**

### SECTION III      MEDIATIONS

Statistical reporting forms must be submitted for all court-referred cases completed during the period September 1, 2023 to August 31, 2024. 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.

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Signature of Applicant

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Date

**RECERTIFICATION DEADLINE IS AUGUST 31, 2024**

**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**

**2024**

**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, 2024. I confirm that I will acquire sufficient hours of approved CME on or before December 31, 2024 in order to have 6 hours of approved CME applicable to the reporting period ending August 31, 2024 and certify same by January 10, 2025.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Mediator Certification Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date