

SAMPLE FOR USE AS A GUIDE ONLY

(Sponsor headnote; letterhead, etc.)
ARKANSAS ADR COMMISSION CERTIFICATE OF ATTENDANCE

1. Program: _____
2. Program Identification Number (If available): _____
3. Date and Location: _____

This program has been submitted to the Arkansas ADR Commission Continuing Mediation Education for a total of ___ CME hour(s).

TO BE COMPLETED BY MEDIATOR

Complete this portion of the Certificate of Attendance form and return it to the sponsor before you leave.

The following is a list of segments for this program. Across from each is a number representing the amount of time for which each segment qualifies. Please circle the program hours or portions thereof which you attend and at the bottom of the appropriate column enter the total hours which you claim for this program.

		(Circle credits below) <u>60 minute hours</u>
		<u>CME</u>
9:15-10:30	State vs: Mod. Lawyer	1.25
10:45 – 11:30	Appellate Decisions	.75

SAMPLE |

Total Hours Attended

I am entitled to _____ CME hour(s) of credit.

Arkansas ADR Commission Certification Number: _____

Print Name: _____ Signature: _____

Address: _____

City

State

Zip Code

Sponsor: _____ Date: _____

If you wish credit for other states, please complete a separate form for each state and forward a copy to the appropriate state authority.