

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION
625 MARSHALL DRIVE, SUITE 1200
LITTLE ROCK, AR 72201
Telephone: 501-682-9400 Facsimile: 501-682-9410

REQUEST FOR CME CREDIT BY A SPEAKER

(NOTE: MODERATORS WHO DO NOT CONTRIBUTE SUBSTANTIVE INSTRUCTION MAY NOT RECEIVE ENHANCED CREDIT AS A SPEAKER).

1. Title of program: _____
2. Subject of your presentation: _____
3. Date(s) and location(s) upon which you spoke:
(1) _____
(2) _____
4. If your presentation was as a solo speaker (not part of a panel), how long was your presentation? (rounded to nearest 1/4 hour) _____
5. If your presentation was as a member of a panel, how long was the panel presentation in its entirety? (rounded to nearest 1/4 hour) _____
6. The undersigned speaker states that the presentation(s) noted above comply with the *Arkansas Alternative Dispute Resolution Commission Continuing Mediation Education Requirements for Certified Mediators*.
7. Print name: _____ Signature: _____
8. Tel. No. _____ Certification No. _____
9. Mailing Address: _____
P.O.Box or Street

City State Zip Code

CERTIFICATE OF ATTENDANCE FOR
REMAINDER OF PROGRAM

In addition to the credit I am claiming for speaking at this program, I am entitled to claim _____ credit hour(s) for the remainder of the program. (Do not include the amount of time claimed for your presentation.)

Signature

TO BE COMPLETED BY SPONSOR

1. Sponsor ID#: _____ Program ID#: _____
2. The undersigned sponsor representative confirms the representations made by this speaker, (only to the extent of the presentation) and further confirms that the presentation was in compliance with the *Arkansas Alternative Dispute Resolution Commission Continuing Mediation Education Requirements for Certified Mediators*.
3. Sponsor name: _____
4. Sponsor representative: _____

Date