

SECTION IV BACKGROUND

Submit a completed and notarized Arkansas State Police Records Check form with this application.

Submit an Arkansas Child Maltreatment Registry Check by accessing the Central Registry Request Form Generator at <https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/>

Answer the following questions. If you answer "yes" to any of the questions, provide a detailed explanation in a separate document.

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

Updated 10/05/2021