

**Arkansas ADR Commission**  
**Voluntary Relinquishment of Certification**

I no longer wish to be a mediator certified by the Arkansas ADR Commission and want my name removed from the Roster of Certified Mediators.

I understand that I am no longer eligible to accept compensation to mediate cases ordered to mediation by the Arkansas Circuit courts, unless otherwise authorized under Ark. Code Ann. §16-7-202.

I understand that if I change my mind and want to return to active status as a certified mediator I must: 1) complete the number of CME hours they would have been required to complete if certification had been maintained, not to exceed 24 hours; 2) submit to a background check as required by the *Requirements for the Certification of Mediators for Circuit Courts*; and (3) pay a reinstatement fee of \$75. I understand I will not be eligible to return to active status as a certified mediator unless I apply for reinstatement and the application is approved by the Commission.

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

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date