ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Recertification Application Return from Lapsed Status to Active Status

	Return from Lapsed Status to Active Status			
	Date Certification Laps	ed:		
SECTIO	ONI GENE	RAL INFORMATION		
1.	Mediator Certification	Number:		
2.	Name:Las	t	First	Middle
	Business Name:			
	Business Mailing Address:		Street and/or Post Office	Вох
		City	State	Zip Code
3.	Telephone:		Fax:	
	F-mail:		Wehsite:	

SECTION II CONTINUING MEDIATION EDUCATION (CME)

Please submit proof of completion of continuing mediation education hours due for all reporting periods that occurred during the lapsed period. The reporting period for mediators is September 1st through August 31st of each year. *Only include programs which have been approved by the Arkansas ADR Commission.*

SECTION III RECERTIFICATION FEES

Submit this application for recertification and your renewal fees for all reporting periods that occurred during the lapsed period, up to \$225.00 to:

Arkansas ADR Commission

Justice Building 625 Marshall Street Little Rock, AR 72201

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.

Have you been convicted of or pled guilty to a violation of violations resulting in suspension or revocation of a driver's include information that is new since your original application. No Yes	license and DUI offenses. Please only
Have you applied to and been rejected to any board for a cereal only include information that is new since your original application. No Yes	
Have you been disciplined by any professional organization new since your original application or your last recertification. No Yes Yes Yes	n? Please only include information that is
Have your professional privileges been curtailed at any time new since your original application or your last recertification. No Yes	ne? Please only include information that is
Have you relinquished a professional privilege or license while Please only include information that is new since your original No Yes	•
SECTION V EVALUATION AND CERTIFICATION	
I understand that I am obligated as a condition of my continuing ce	rtification:
 To familiarize myself with, and abide by, the Requirem Circuit Courts and the Requirements for the Cond To maintain Mediation Statistical Reports on each of mediate; and 	luct of Mediation and Mediators,
To complete six hours of continuing mediation education.	ion each year.
I hereby certify that the information provided in this application accurately reflects my qualifications to provide mediation ser system of the State of Arkansas. I understand that all informati	vices in cases referred through the court
Signature of Applicant	Date