## ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMMISSION 625 Marshall Street, Suite 1200 Little Rock, AR 72201 Phone: (501) 682-9400 Fax: (501) 682-9410

## APPLICATION FOR ACCREDITATION OF CONTINUING MEDIATION EDUCATION ACTIVITY

1.	Sponsoring Organization:	Sponsor #:
	Address:	Phone #:
_		mail:
2.	Title of educational activity:	
3.	Date(s) & location(s):	
4.	Registration Fee: \$	5. Writing surface available:yesno
6.	Delivery Method(s): faculty in room with participants phone to broadcast site satellite videotape presentation (requires moderator) "live" interactive computer webcast	
7.	Advertised to: Mediators Clie	nts Others (specify).
8.	List any admission restrictions:	
9.	Is this an 'in-house" activity? (Access lim	ited to members of one private organization): yesno
10.	Method of evaluation: participant c	ritique independent evaluator none
11.	Description of materials to be distributed: other	total pages before program after program
12.	REQUIRED ATTACHMENTS to this applicat a. Time schedule (brochure, outline, desc b. Table of contents or equivalent c. Faculty name(s) & credentials (if not i	cription) breaks, meals or introductions:
14.		denied by
	Submitted by: employee of sponsor	
SPONSOR OBLIGATIONS: Sponsor acknowledges and agrees to comply with Arkansas ADR		Mediator Name:
Commission CME rules.		Certification #:
Spor	nsor Representative:	Address:
Sigr	nature:	
	:	
	e:	
		Signature: