

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

Voluntary relinquishment is not the result of disciplinary action taken by the Arkansas Alternative Dispute Resolution Commission. It is solely an elective option to allow a mediator to remove their name from the Roster or Certified Mediators for Circuit Courts.

Pursuant to the certification rules, when a mediator does not renew their certification they are placed in Lapsed Status, unless they relinquish their certification voluntarily. To return to Active Status from Lapsed Status, the mediator must: 1) submit a renewal application, 2) submit proof of completion of continuing mediation education hours due for all reporting periods that occurred during the lapsed period, 3) pay certification fees due for all reporting periods that occurred during for the lapsed period, up to \$225; and submit to background checks. The reporting period for mediators is September 1<sup>st</sup> through August 31<sup>st</sup> of each year. *Mediators who are in Lapsed Status remain on the Roster of Certified Mediators with their status listed as "Lapsed Status."*

I do not wish to be placed in Lapsed Status and hereby voluntarily relinquish my certification. I understand that by voluntarily relinquishing my certification 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 wish to voluntarily relinquish my mediator certification by the Arkansas ADR Commission and for my name to be removed from the Roster of Certified Mediators.

Applicants for reinstatement 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 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.

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Print Name

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Signature

\_\_\_\_\_  
Date