

**ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION**  
**Mediation Renewal Course      Approval # TRN-\_\_\_\_\_**

*Please mark which category or categories this course has been approved:*

CIVIL     FAMILY     JUVENILE

**SECTION 1: PROGRAM INFORMATION**

1. Name and address of person or organization responsible for the training program:

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2. Name and affiliation of primary trainer(s):

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3. Dates scheduled for training program. \_\_\_\_\_

4. Cost of training program to participants. *Please note that the cost of the program does not affect course approval* \_\_\_\_\_

5. Minimum number of participants for this course: \_\_\_\_\_  
Maximum number of participants for this course: \_\_\_\_\_

6. Have there been any changes to the program since being approved by the Commission? Yes \_\_\_ No \_\_\_

If yes, please include a detailed description of the changes made to this training program.

Please return this form and any supporting documents to:

**Arkansas Alternative Dispute Resolution Commission**  
Justice Building  
625 Marshall Street  
Little Rock, Arkansas 72201  
501.682.9400  
501.682-9410 fax  
<http://courts.arkansas.gov/adrl>