

For Office Use Only:

Date Received _____

Approval Number _____

Date Approved _____

Re-Approval Date _____

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Application for Mediation Course Approval

This application will be considered pursuant to approval criteria established by the Arkansas Alternative Dispute Resolution. Please read the Commission's *Minimum Standards for Mediation Training* carefully before completing this application. Please type or print all information.

SECTION I: PROGRAM INFORMATION

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

Phone: _____ E-mail: _____

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

3. Please attach resumes for each trainer. The resume must contain the following information:

- a. Academic Background/Education
- b. Mediation Training
- c. Mediation Experience
- d. Training Delivery Experience
- e. Subject Matter Experience (relevant to the type of training submitted for approval)

The resume may contain additional information that the trainer would like the Commission to consider.

4. Name of Course _____

5. Dates scheduled for the training program: _____

6. Location at which program will be presented: _____

2. Specific Course Information: Give a brief description of how the course covers each of the subjects listed below and identify the areas in your attached agenda/ course outline that correspond to each subject.

1. History of Mediation.

2. An overview of ADR legislation in Arkansas.

3. Conflict Resolution Theory. Please include how the student will develop an understanding of the differences between mediation and other forms of dispute resolution.

4. Mediation Theory and Practice. Students should gain a theoretical grounding to completely understand the processes involved in mediation.

5. Arkansas Legal System and Court Process

6. Mediation Process and Techniques.

7. Self-Awareness of Trainee. Student should have a personal awareness of traits or characteristics that might influence his or her neutrality.

8. Ethics and professionalism.

SECTION III: CHECKLIST FOR TRAINING APPROVAL

Please attach copies of the following, which are required to support the description of the course content:

1. Outline of course materials;
2. Table of Contents from training textbook;
3. Resumes of trainer(s);
4. Checklist used by observers in evaluating role-plays.

COURSE EVALUATIONS

Trainers must solicit evaluation comments from trainees each time the course is conducted. The evaluations must be on a form provided by the Commission, and once completed must be submitted to the Commission. The trainer must complete a cover sheet for the evaluations stating the number of attendees in the course and attesting that no evaluations were omitted.

EXAMINATIONS

At the conclusion of the training course, the trainer may be required to administer an exam provided by the Commission.

COURSE APPROVAL

Once approved by the Commission as satisfying these standards, the course may be offered repeatedly for a period of three years. Three years from the date of the approval letter, approval expires and the trainer must re-apply to the Commission to determine if the course meets existing training standards.

During the three year approval period, the trainer must notify the Commission each time the course is offered. This allows the Commission to notify interested parties of training opportunities and to notify the trainer of any changes to the training requirements.

The Commission reserves the right to revoke current approval or deny re-application for approval of a course based on participant evaluations and other relevant factors.

I, _____, certify that the information on this application is correct to the best of my knowledge and that I will notify the Arkansas Alternative Dispute Resolution Commission of any changes in primary instructors or course content. I understand that all information herein is subject to verification and that the training may be observed at any time by a representative of the Arkansas Alternative Dispute Resolution Commission as part of the approval process.

Signature of Person Responsible for Providing Training

Date

Return this application and supporting documents to:

Arkansas Alternative Dispute Resolution Commission
625 Marshall Street Little
Rock, Arkansas 72201 (501)
682-9400
(501) 682-9410 fax
<http://courts.arkansas.gov/adr>