

APPLICATION FOR CERTIFICATION

ROSTER OF CERTIFIED MEDIATORS FOR ARKANSAS CIRCUIT COURTS

This application is to be completed by persons who wish to be eligible to serve as compensated mediators for Arkansas Circuit Courts. Act 1179 of 2003 (codified at Ark. Code Ann. § 16-7-202) gives circuit and appellate court judges the discretionary authority to order any civil, juvenile, probate or domestic relations case to mediation.

Pursuant to Ark. Code Ann. § 16-7-104, the Arkansas Alternative Dispute Resolution Commission is responsible for the certification, professional conduct, discipline, and training of persons eligible and qualified to serve as compensated mediators for the courts. Certification by the Commission is required to mediate court ordered cases in Arkansas Circuit Courts, unless the court authorizes the party's selection of a non-certified mediator.

In order to be granted certification by the Commission, applicants must meet the standards set forth in the Commission's *Requirements for the Certification of Mediators for Circuit Courts*.

Applications for certification will be reviewed as they are received. You will be notified of your certification status once all information has been verified and the background checks have been completed. No one should hold himself or herself out as a certified mediator until the Commission grants the applicant of such status.

Your application will not be processed without all required materials. Included in the required materials are an Authorization and Release Form, Arkansas State Police Individual Record Check Form, and Arkansas Child Maltreatment Central Registry Background Check Request instructions.

In the event there is an issue with an applicant's background checks, standing with another licensing entity, or anything falling under "good moral conduct," the application is flagged as discretionary and will be reviewed by the full Commission. If you believe your application will be discretionary, you may want to contact Commission staff prior to submission.

Certification must be renewed annually. The deadline for renewal is August 31st of each year. To renew certification all mediators must submit a certification renewal form, provide proof of completion of 6 hours of continuing mediation education credits for the reporting period, and pay a \$75 renewal fee.

Certified mediators are required to maintain statistical information on all court ordered cases mediated. The form is available on the Commission's website at <https://www.arcourts.gov/administration/adr/certified-mediators>

APPLICATION CHECKLIST

The Arkansas Alternative Dispute Resolution Commission does not accept incomplete applications. Incomplete applications will be returned to the applicants *without* processing.

- Documentation of Training**
 - All applicants must provide proof of training from a Commission approved course.
 - Training Certificate
 - Letter of completion
 - Certified letter or copy of transcript from law school or university

- Documentation of Degree**
 - Certified copy of transcript
 - Attorneys licensed in Arkansas need only provide their Arkansas Bar number

- Documentation of Observations/ Co-mediations/ Mediations**
 - You must complete two observations, co-mediations, or mediations for each type of certification for which you have applied.
 - Observations, co-mediations or mediations will only be accepted if they were done after completion of training requirements.
 - Documentation may include the observation form, a redacted agreement to mediate, memo from attorney or party verifying you mediated, or other written verification.

- Certification/Background Check Fee of \$75.00**
 - Make check or money order (no cash or credit cards) payable to the Arkansas. Please ensure your check is signed & dated.

- Arkansas State Police Background Check Release Form**
 - Must be signed by applicant and notarized.
 - Please use Home Mailing Address and include Race, Sex, Driver's License #, and State of issuance.

- Arkansas Child Maltreatment Registry Check Form**
 - Applicant must access the [Central Registry Request Form Generator](#) on the DHS website to generate your request form. Submit the completed and notarized form with the application for certification. See link below for details.
 - <https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/>

- Authorization and Release Form**

- Signature of Applicant**

PART IV: TRAINING

Attach copies of certificates, letters, or transcripts confirming completion of each course.

A. Record of Basic or Civil Mediation Training

Course Name: _____
Trainer/Provider: _____
Training Location: _____
Dates Attended: _____ Credit Hours: _____

B. Record of Family Mediation Training *(if applicable)*

Type of Mediation: _____
Trainer/Provider: _____
Training Location: _____
Dates Attended: _____ Credit Hours: _____

C. Record of Juvenile Mediation Training *(if applicable)*

Course Name: _____
Trainer/Provider: _____
Training Location: _____
Dates Attended: _____ Credit Hours: _____

PART V: EDUCATION

1. List Colleges and universities attended and attach certified transcripts. If you are an attorney licensed by the Arkansas Supreme Court you are not required to submit transcripts.

School Name: _____
Degree: _____ Year Degree Completed: _____

School Name: _____
Degree: _____ Year Degree Completed: _____

3. For applicants who wish to apply based on experience in the field of mediation, attach documentation of your experience with an explanation of how you *have substantial, demonstrated, and satisfactory knowledge, skills, abilities, and experience as a mediator in the applicable field of mediation.*
4. If you have not attained a master's degree or higher, and are applying for certification in the domestic relations division, attach documentation of at least two years work experience in family and marriage issues. If applying for certification in the juvenile division, attach documentation of at least two years work experience in family and juvenile issues.

PART VI: PRACTICAL EXPERIENCE

Attach Verification of Observation forms completed by each mediator with whom you observed or with whom you co-mediated attesting to your observations or co-mediations. For mediations you conducted, attach a copy of the Agreement to Mediate or a memo from one of the participants attesting that you mediated, the date of the mediation, and the type of case.

Please note that cases mediated in Arkansas District Court or Federal Court do not satisfy this requirement.

PART VII: OCCUPATION AND WORK EXPERIENCE

1. What is/was your primary occupation? _____

2.. Please list all professional affiliations which you consider relevant to your application.

PART VIII: ADDITIONAL INFORMATION

1. What language(s), other than English, do you speak fluently (Please include American Sign Language)?

2. What is your customary hourly fee? _____

- Sliding Scale Available
- Travel Reimbursement Required
- Pro bono mediation

PART IX: BACKGROUND INFORMATION

If you answer yes to any of the following, attach documentation fully explaining the circumstances. Also see the **Addendum to the Application for the Certification of Mediators** for additional information.

1. Have you been convicted of or pled guilty to a violation of the law? This includes disclosing traffic violations resulting in suspension or revocation of a driver's license and DWI/DUI offenses.
 No Yes

2. Have you ever applied and been rejected by any board for a certification, licensure, or registration?
 No Yes

3. Have you been disciplined by any professional organization or licensing entity?
 No Yes

4. Have your professional privileges been curtailed at any time?
 No Yes

5. Have you relinquished a professional privilege or license while under investigation?
 No Yes

PART X: FEES

The application fee is \$75. **Please make your check or money order payable to the Arkansas ADR Commission.**

There will be a \$30 service charge for any returned check

PART XI: ASSURANCES

I certify that the information supplied in this application is accurate, that to the best of my knowledge I qualify for the category of certification for which I have applied. I understand that all information herein is subject to verification.

I understand that by completing this application I am giving my permission to the Arkansas ADR Commission to perform an individual background check with law enforcement authorities. The results of such an investigation will be used only in considering my suitability for Certification.

I understand and agree that falsification or material omission of information on this application, or in the application process, is the basis for denial, restriction or loss of certification, whenever discovered.

I certify that I have read the enclosed *Requirements for the Conduct of Mediation and Mediators* and do swear or affirm that I will abide by those standards. Furthermore, I certify that I have read and understand the Commission's *Requirements for the Certification of Mediators for Circuit Courts*. If this application for certification is approved, I agree to abide by the policies and regulations set forth by the Arkansas ADR Commission and all subsequent amendments.

In addition, I understand that to gain and maintain certification I must provide statistical information to the ADR Commission on an annual basis. I also understand that I am obligated as a condition of my certification to ensure that Client Evaluation forms are provided to all of my clients referred from the courts.

I agree to notify the Commission promptly should any professional license I hold be revoked, or should I be disciplined by any governing body of an applicable agency. I agree to submit to the jurisdiction of the courts of Arkansas and the Arkansas Alternative Dispute Resolution Commission for purposes of fulfilling my obligation to comply with the Commission's Guidelines.

Signature of Applicant

Date

Return completed application, supporting documents, and fee to:

Arkansas ADR Commission

625 Marshall Street
Little Rock, AR 72201

Phone: (501) 682-9400 Fax: (501) 682-9410

Web: <http://arcourts.gov/administration/adr>

PART XII: AUTHORIZATION AND RELEASE FORM

Please check any that apply, complete the relevant information, and sign below.

Attorney Applicants: I hereby authorize and request that the Board of Professional Conduct of the Supreme Court of Arkansas, and/or the disciplinary agency of any other state in which I am licensed or have been licensed to practice, provide to the Arkansas ADR Commission information on all disciplinary complaints filed against me, including those administratively dismissed by the Board or any other agency, and those resulting in non-public discipline.

Arkansas Attorney License # _____

If licensed to practice law in other states, please complete the following:

STATE	Name of Licensing/Disciplinary Body
Address and Phone Number	
ID#	

Other Applicants: I hereby authorize the licensing or disciplinary agency(s) listed below, to provide to the Arkansas ADR Commission information regarding the status of my license and all disciplinary complaints ever filed against me, including those administratively dismissed by such agency or resulting in non-public discipline.

Arkansas Professional License/Certification/Registration # _____

List name, address, and phone number of the Arkansas licensing agency:

If licensed in other states, please complete the following:

STATE	Name of Licensing/Disciplinary Agency
Address and Phone Number	
ID#	

Signature of Applicant

Date

ADDENDUM TO APPLICATION FOR CERTIFICATION OF MEDIATORS

Procedure for applicants for certification or renewal of certification who have been convicted of or pled guilty to a violation of the law, disciplined by a professional organization, had professional privileges curtailed, and/or have relinquished any professional privilege or license while under investigation.

- A. Applicants for certification with the Arkansas ADR Commission must acknowledge the following information: (1) convictions of, guilty pleas to, or nolo contendere pleas to violations of the law, including traffic violations resulting in suspension or revocation of a driver's license and DUI offenses; (2) discipline by a professional organization; (3) curtailment of professional privileges; (4) relinquishment of any professional privilege or license while under investigation. An applicant against whom any of the above actions are pending shall likewise acknowledge this fact.
- B. Upon request of the Arkansas ADR Commission, the applicant must amend his/her application to provide (1) information concerning the background of the offense which led to conviction, plea, discipline, curtailment of professional privileges and/or relinquishment of professional privilege or license; (2) information concerning the length of time which has elapsed since the conviction, plea, discipline, curtailment and/or relinquishment; (3) the age of the applicant at the time of the conviction, plea, discipline, curtailment and/or relinquishment; (4) evidence of rehabilitation since the conviction, plea, discipline, curtailment and/or relinquishment.
- C. The applicant may be asked to appear before the Arkansas ADR Commission to discuss the information contained within the petition. The Commission will make a determination as to whether the applicant should be certified or have certification renewed.
- D. If an applicant for certification or renewal of certification fails to acknowledge (1) that he/she has been convicted of or pled guilty or nolo contendere to a violation of the law, including traffic violations resulting in suspension or revocation of a driver's license and DUI offenses; (2) that he/she has been disciplined by a professional organization; (3) that he/she has had his/her professional privileges curtailed; (4) that he/she has relinquished any professional privilege or license while under investigation; or (5) that any such actions are pending, the Arkansas ADR Commission will immediately notify the applicant for certification or renewal of certification that he/she will be denied certification or renewal of certification **or, if currently certified, removed from certification.**
- E. An adverse decision may be appealed to the full Commission within thirty days of the date of such decision. The Commission may grant a hearing to the applicant.

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Verification of Observation Form

SECTION I BACKGROUND INFORMATION

1. Name of Observer:

2. Name of Mediator:

SECTION II OBSERVATION INFORMATION

1. Date(s) of Observation: _____

2. Nature of Case:

Civil

Probate

Domestic Relations

Juvenile

3. Length of Mediation: _____

4. Did the observer actively participate in the debriefing session following the mediation? Yes No If no, please explain:

5. Additional Comments:

Signature of Mediator

Date

Request a Child Maltreatment Check

Submitting an Arkansas Child Maltreatment Central Registry Background Check Request

There are three stages involved with receiving results for an Arkansas (AR) Child Maltreatment Central Registry Background Check:

1. **AR Child Maltreatment Central Registry Request Form Generator**
2. **AR Child Maltreatment Central Registry Request Form Upload**
3. **Online Payment**

Details of each stage are outlined below. Please read the details of all stages before accessing the link below to generate your AR Child Maltreatment Central Registry Request Form.

Stage 1: Arkansas (AR) Child Maltreatment Central Registry Form Generator Process

- A. After reading through all three stages and their associated steps below, access web link <https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/> to generate your AR Child Maltreatment Central Registry Request Form.
- B. Once you are on the AR Child Maltreatment Central Registry Request Form web page, complete each required field (required fields denoted by an asterisk).
- C. Once all required fields are completed, click 'Submit Form' button.
- D. The completed request form will be emailed to the email address you entered on the AR Child Maltreatment Central Registry Request Form web page.
- E. Print this form and sign the completed copy in the presence of a notary.

Stage 2: Arkansas (AR) Child Maltreatment Central Registry Form Upload Process

- A. Scan the notarized form to your computer and save it to a place you can easily locate it.
- B. Access web link <https://ardhs.quickbase.com/db/bqq7fmaad?a=nwr&nexturl=%2Fdb%2Fbqqmshqyk%3Fa%3Dshowpage%26pageid%3D2&IFV=0> for the notarized form uploader page.
- C. Click 'Browse' under 'Notarized Request File' to search your computer and upload the notarized copy of the form.
- D. Click 'Submit and Pay.'
- E. You will then be automatically redirected to the payment webpage (Ark Gov Pay).

Stage 3: Online Payment

- A. Select a Payment Type.
- B. Complete the customer information and payment information sections to pay the fee (\$10.00 for the background check + a \$1.00 online processing fee), as applicable (non-profits and individuals classified as indigent do not pay the \$10.00 fee).
If you are a non-profit, Click 'Browse' under 'Additional Files' and upload a copy of 501(C)(3) verification. Please note that background check requests for non-profits cannot be processed without verification of non-profit status.
- C. Click 'Submit Payment.'
- D. You will receive a confirmation email verifying submission of your request and completed payment.
- E. Registry check results are emailed via encrypted email to the entity identified in the '**Results Should Be Released To**' section of the form submission request.

Results Should Be Released To:

Arkansas ADR Commission
adrcommission@arcourts.gov

If you are unable to process your submission and payment via the preferred method on the internet then please include the signed and notarized request form along with your check or money order (no cash or temporary checks) made payable to DHS in the amount of \$10.00 to the address below:

DCFS Central Registry
PO Box 1437, Slot S 566
Little Rock, AR 72203



ARKANSAS STATE POLICE

ASP-122 (Rev. 11/05)

Identification Bureau Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: () _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: _____
(First/MI/Last Name) or Full Name of Agency

Mailing Address: _____
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____

§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public

82001 Civil Record Check