

Return from Lapsed Status Application Checklist

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

- ☐ **Submit a Mediator Certification Renewal Application**
 - Use the Return from Lapsed Status Renewal Application
 - Make sure to fully complete each section and sign and date the form
- ☐ **Certification Renewal Application Fee**
 - Submit a \$75 renewal fee for all reporting periods you were lapsed, not to exceed \$225
 - Make check or money order (no cash or credit cards) payable to the Arkansas ADR Commission
 - Please ensure check is signed and dated
- ☐ **Documentation of Continuing Education Completion**
 - CME deficiency must be cured
 - CME Transcript reflects all credit that has been reported to the ADR Commission as of the date listed on the transcript
- ☐ **Background Checks**
 - Arkansas State Police Background Check Release Form
 - Must be signed by applicant and notarized.
 - Use Home Mailing Address and include Race, Sex, Driver's License #, and State of issuance.
 - Arkansas Child Maltreatment Registry Check Form
 - Access the Central Registry Request Form Generator on the DHS website to generate your request form.
 - Have the report sent to the ADR Commission at adrcommission@arcourts.gov

<https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/>

Check # _____ Amount \$ _____

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Return from Lapsed Status Renewal Application

SECTION I GENERAL INFORMATION

1. Mediator Certification Number: _____
2. Name: _____
Last First Middle
Business Name: _____
Business Mailing Address: _____
Street and/or Post Office Box
City State Zip Code
3. Telephone: _____ Fax: _____
E-mail: _____ Website: _____

For the purpose of updating our records, please complete Section I: General Information.

SECTION II CONTINUING MEDIATION EDUCATION (CME)

Please submit proof of completion of continuing mediation education hours due for all reporting periods that occurred during the lapsed period. The reporting period for mediators is September 1st through August 31st of each year. Only include programs which have been approved by the Arkansas ADR Commission.

SECTION III MEDIATIONS

Statistical reporting forms must be submitted for all court-referred cases completed during the period September 1st to August 31st of each year. Please submit with this application only those reporting forms that have not been previously provided to the ADR Commission. A copy of the statistical reporting form is available on our website at <https://www.arcourts.gov/administration/adr/forms> or you may call our office and request it.

SECTION IV BACKGROUND

This section must be completed or the application will be returned.

If “yes” to any of the following questions, please provide detailed information on a separate sheet of paper:

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 DUI offenses. *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
2. Have you applied to and been rejected to any board for a certification, licensure, or registration? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
3. Have you been disciplined by any professional organization? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
4. Have your professional privileges been curtailed at any time? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes
5. Have you relinquished a professional privilege or license while under investigation? *Please only include information that is new since your original application or your last recertification.*
_____ No _____ Yes

SECTION V EVALUATION AND CERTIFICATION

I understand that I am obligated as a condition of my continuing certification:

- 1) To familiarize myself with, and abide by, the *Requirements for the Certification of Mediators for Circuit Courts* and the *Requirements for the Conduct of Mediation and Mediators*,
- 2) To maintain Mediation Statistical Reports on each court ordered case that I mediate; and
- 3) To complete six hours of continuing mediation education each year.

I hereby certify that the information provided in this application is true to the best of my knowledge and accurately reflects my qualifications to provide mediation services in cases referred through the court system of the State of Arkansas. I understand that all information herein is subject to verification.

Signature of Applicant

Date

RENEWAL FEE IS \$75.00 EACH REPORTING PERIOD

Please submit this application for recertification and your renewal fee for all reporting periods that occurred during the lapsed period, up to \$225.00 to:

**Arkansas ADR Commission
Justice Building
625 Marshall Street
Little Rock, AR 72201**

If you have any questions, please call us at (501) 682-9400