

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:

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

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>