

**OFFICE OF THE EXECUTIVE SECRETARY
SUPREME COURT OF VIRGINIA**

**MEDIATOR APPLICATION FOR CONTINUING MEDIATOR EDUCATION (CME)
COURSE CERTIFICATION**

DRS reviews applications within thirty (30) calendar days of receipt. Use this form to request CME certification for any program DRS has not already approved, e.g., a video or webinar course, CLE or out of state conference session.

This application will be considered pursuant to certification criteria established by the Judicial Council of Virginia and without regard to race, color, religion, political affiliation, national origin, disability, sex, or age.

SECTION I APPLICANT INFORMATION (Please type or print.)

| | |
|--------------------|--|
| Name | |
| VA Certification # | |
| Telephone | |
| Email | |

SECTION II TRAINER INFORMATION

| | |
|---|--|
| Name of person/ organization responsible for training | |
| Trainer Name(s), if different | |

SECTION III COURSE INFORMATION

| | | | | |
|--|---|------------|---|---------------------|
| Title | | | | |
| Length | | | | |
| Date | | | | |
| Indicate number of hours CME by type requested | # | Non-ethics | # | Ethics ¹ |

1. How is the training offered? (check one)

_____ Live (in person or live-streamed online)

_____ Pre-Recorded (Date viewed _____)

2. Please attach the following for each session:

- trainer's bio
- certification of attendance or registration

... and at least **one** of the following for courses under two hours; attach **both** if over 2 hours:

- course summary that describes the content
- course agenda and/or PowerPoint

¹ Only *mediator* ethics may receive ethics credit. Please note that a session given ethics credit by a training organization could be denied ethics credit by DRS.

3. Please answer the following questions for each session (attach additional sheets if needed):

a. How is this course relevant to mediation? Why is the subject important?

b. How will this course help you or your practice as a mediator? **List two or three takeaways.**

SECTION IV CERTIFICATION

I hereby certify that the information provided in this application is true to the best of my knowledge. I understand that all information herein is subject to verification and that any CME determination is at DRS's discretion. I understand DRS may certify fewer hours and/or a different CME type than requested.

Mediator Signature Date

Please forward this application to:

Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219
Or email it to drsapplications@vacourts.gov.

Please contact Dispute Resolution Services, 804-786-6455, or email drsapplications@vacourts.gov with questions.