

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

APPLICATION FOR MEDIATION COURSE CERTIFICATION

Please use black ink so this document will be legible when scanned.

Applications for course certification must be submitted at least thirty (30) days in advance of the training date. DRS will review applications within thirty (30) calendar days of receipt. Please note that extra time should be allotted beyond the thirty (30) days for the applicant to make any changes/revisions that may be necessary.

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, handicap, sex or age.

SECTION I PROGRAM INFORMATION (Please type or print.)

1. Name and mailing address of person responsible for the training program.

Telephone:

Email:

Fax:

2. This application is for certification of a:

- | | | | |
|----|--|----|---|
| a. | 20-Hr. Basic | g. | 4-Hr. VA Judicial |
| b. | 20-Hr. Family | h. | 8-Hr. Domestic Abuse |
| c. | 40-Hr. Family | i. | 4-Hr. Mentoring Others |
| d. | 20-Hr.Circuit-Civil | j. | 8-Hr. Observation (Specify if class is for, |
| e. | 12-Hr.Circuit-Family | | GDC, J&DR, CCC or CCF certification) |
| f. | Other (Specify number of hours and subject matter) | | |

3. Name(s), mediator certification number(s), certification type(s), and last recertification date of trainer(s) seeking certification. [Attach resume(s)]

4. Mediation training of trainer(s) seeking certification (beyond that needed to certify; please submit supporting documentation).

2. Have you ever 1) had a disciplinary action related to a profession, including mediation (for example, a professional license suspended or revoked); 2) had any professional privileges curtailed; and/or 3) relinquished a professional privilege or license while under investigation?
 Yes No If Yes, describe on the lines provided below.

3. If you answered “Yes” to question #1 or #2 above, please describe the impact, if any, this could have on your ability to provide mediation training.

SECTION V CERTIFICATION

I understand that information regarding this course may be provided to individuals seeking training by the Office of the Executive Secretary.

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 the training may be observed at any time by a representative of the Office of the Executive Secretary as a part of the certification process.

I hereby certify that I have read the Standards of Ethics and Professional Responsibility for Certified Mediators adopted by the Judicial Council of Virginia effective July 1, 2011, and that the course described herein will provide training in accordance with these Standards.

Signature of Person Responsible for Providing Training

Date

SECTION VI PAYMENT

There is a \$25 dollar processing fee associated with this form. Checks or money orders must be made payable to the Treasurer of Virginia. Cash will not be accepted. Select an option below:

- I have included a check or money order.
- I have sent separately a check or money order.
- I would like to be sent a link to the email noted in Section 1 to pay by credit or debit card

Please forward this application and check to:

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

**If you have any questions or comments, please contact
 Dispute Resolution Services at 804-786-6455.**