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/

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION

Recertification Application
Return from Lapsed Status to Active Status

Date Certification Lapsed: _____

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: _____

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 RECERTIFICATION FEES

Submit this application for recertification and your renewal fees 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

SECTION IV BACKGROUND

Submit a completed and notarized Arkansas State Police Records Check form with this application.

Submit an Arkansas Child Maltreatment Registry Check by accessing the Central Registry Request Form Generator at https://humanservices.arkansas.gov/divisions-shared-services/children-family-services/request-a-child-maltreatment-check/

Answer the following questions. If you answer "yes" to any of the questions, provide a detailed explanation in a separate document.

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

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau
Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter ☐

Full Name: _____
Last name *First name* *Middle name* *Jr/Sr/III*

_____ Daytime Phone #: (____) _____
*List **ALL** other names ever used (married, maiden, shortened, etc)*

Date of Birth: _____ State of Birth: _____Race: _____Sex: _____
(Month/Day/Year)

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

Physical Address: _____
Street

_____
City *State* *ZIP*

Mailing Address: _____
Street or P.O. Box

_____
City *State* *ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: *Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code §12-12-1013.*

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:

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

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

Mailing Address: _____
Street

_____
City *State* *ZIP*

Daytime Phone #: (____) _____

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

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

□ 82005 State Record Check