

**ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION**  
**625 Marshall Street, Suite 1200**  
**Little Rock, AR 72201**  
**Phone: (501) 682-9400 Fax: (501) 682-9410**

APPLICATION FOR ACCREDITATION OF CONTINUING MEDIATION EDUCATION  
ACTIVITY

1. Sponsoring Organization: \_\_\_\_\_ Sponsor #: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_  
FAX #: \_\_\_\_\_ E-mail: \_\_\_\_\_
  2. Title of educational activity: \_\_\_\_\_  
\_\_\_\_\_
  3. Date(s) & location(s): \_\_\_\_\_
  4. Registration Fee: \$ \_\_\_\_\_ 5. Writing surface available: \_\_\_yes \_\_\_no
  6. Delivery Method(s): \_\_\_ faculty in room with participants \_\_\_ phone to broadcast site  
\_\_\_ satellite \_\_\_ videotape presentation (requires moderator) \_\_\_ "live" interactive computer  
webcast
  7. Advertised to: \_\_\_ Mediators \_\_\_ Clients \_\_\_ Others (specify). \_\_\_\_\_
  8. List any admission restrictions: \_\_\_\_\_
  9. Is this an 'in-house' activity? (Access limited to members of one private organization):  
\_\_\_\_\_yes \_\_\_no
  10. Method of evaluation: \_\_\_ participant critique \_\_\_ independent evaluator \_\_\_ none
  11. Description of materials to be distributed: \_\_\_\_\_ total pages \_\_\_ before program \_\_\_ after program  
\_\_\_ other
  12. REQUIRED ATTACHMENTS to this application:  
a. Time schedule (brochure, outline, description)  
b. Table of contents or equivalent  
c. Faculty name(s) & credentials (if not in brochure)
  13. Total minutes of instruction, excluding breaks, meals or introductions:  
General: \_\_\_\_\_
  14. Approval by other states: granted by \_\_\_\_\_ denied by \_\_\_\_\_
  15. Submitted by: \_\_\_\_\_ employee of sponsor/provider \_\_\_\_\_ individual mediator
- SPONSOR OBLIGATIONS: Sponsor acknowledges Mediator Name: \_\_\_\_\_  
and agrees to comply with Arkansas ADR Certification #: \_\_\_\_\_  
Commission CME rules. Address: \_\_\_\_\_  
Sponsor Representative: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**ARKANSAS ADR COMMISSION  
CONTINUING MEDIATION EDUCATION FORMS AND INSTRUCTIONS**

This site provides all forms you may need for approval of activities, and to report attendance of mediators. Photocopy or download the forms as necessary.

**REQUESTS FOR APPROVAL OF ACTIVITIES**

Submit the form titled APPLICATION FOR ACCREDITATION OF CONTINUING MEDIATION EDUCATION ACTIVITY (CME1). Your application should be sent to this office 45 days in advance of the scheduled activity if you require pre-approval. However, an activity can be approved before or after it is conducted. It is not necessary to send all written materials in connection with the application. We do not require an application fee.

**REPORTING ATTENDANCE OF MEDIATORS OR SPEAKERS**

As sponsor, it will be your responsibility to report attendance of mediators. For this purpose, see the sample ARKANSAS ADR COMMISSION CERTIFICATE OF ATTENDANCE FORM (CME2). It will be necessary for you to insert different times and content for each activity; this form is for guidance only. Any certificate of attendance form you submit to this office must: be signed by the Arkansas mediator; contain the mediators Arkansas ADR Commission Certification Number; be in alphabetical order; show the number of hours claimed by the mediator (based on a 60 minute hour) and, be signed by a sponsor representative.

Collect certificates of attendance from Arkansas mediators and send them to this office within 15 days after the activity.

Also shown is a form titled SPONSOR'S CERTIFIED LIST OF REGISTRANTS (CME3). You can sign this individual document, and attach it to the certificates of attendance, instead of signing all of the certificates of attendance.

Enhanced credit may be available for Arkansas mediators who conduct portions of CME activities. Complete the REQUEST FOR CME CREDIT BY A SPEAKER (CME4). The speaker's certificates should be segregated from the other certificates of attendance you submit. The speaker can also claim credit for additional hours he or she may acquire by attending other portions of the activity.

Our rules require that activities be subject to evaluation. You should use the format provided in the SAMPLE EVALUATION FORM (CME5), as a guide for preparing a form for use with each activity. You are free to expand the evaluation form. Do not send evaluation forms in after the activity. Rather, keep them available for future review by this office.

# SAMPLE FOR USE AS A GUIDE ONLY

(Sponsor headnote; letterhead, etc.)  
ARKANSAS ADR COMMISSION CERTIFICATE OF ATTENDANCE

1. Program: \_\_\_\_\_
2. Program Identification Number (If available): \_\_\_\_\_
3. Date and Location: \_\_\_\_\_

\_\_\_\_\_  
This program has been submitted to the Arkansas ADR Commission Continuing Mediation Education for a total of \_\_\_ CME hour(s).

## TO BE COMPLETED BY MEDIATOR

Complete this portion of the Certificate of Attendance form and return it to the sponsor before you leave.

The following is a list of segments for this program. Across from each is a number representing the amount of time for which each segment qualifies. Please circle the program hours or portions thereof which you attend and at the bottom of the appropriate column enter the total hours which you claim for this program.

		(Circle credits below) <u>60 minute hours</u>
		<u>CME</u>
9:15-10:30	State vs: Mod. Lawyer	1.25
10:45 – 11:30	Appellate Decisions	.75

Total Hours Attended

I am entitled to \_\_\_\_\_ CME hour(s) of credit.

Arkansas ADR Commission Certification Number: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City

State

Zip Code

Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

If you wish credit for other states, please complete a separate form for each state and forward a copy to the appropriate state authority.

ARKANSAS ALTERNATIVE DISPUTE RESOLUTION COMMISSION  
625 Marshall Street, Suite 1200  
Little Rock, AR 72201  
Telephone: 501-682-9400  
Facsimile: 501-682-9410

**SPONSOR'S CERTIFIED LIST OF REGISTRANTS**

1. Name of Sponsor: \_\_\_\_\_
  
2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3. Name of Contact Person: \_\_\_\_\_  
  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
  
4. Program Name: \_\_\_\_\_
  
5. Arkansas ADR Commission Program ID Number: \_\_\_\_\_

**CERTIFICATION**

Attached are the Certificates of Attendance, in alphabetical order, acquired by the sponsor for the captioned program. The sponsor certifies that each attendee was a registrant, or presenter, at the captioned program. The sponsor makes no representations with regard to the validity of hours of credit claimed by each mediator.

\_\_\_\_\_  
Sponsor Representative

\_\_\_\_\_  
Date

**SAMPLE EVALUATION FORM**  
TO BE USED AS A GUIDE ONLY

(SPONSOR LETTERHEAD)

PROGRAM EVALUATION PROGRAM NUMBER \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

LOCATION: \_\_\_\_\_ COURSE DATE: \_\_\_\_\_

We appreciate our registrants sharing their reactions to this program. Please complete this form and return it as you leave the program.

Evaluation Rating Scale: Excellent-5 Good – 4 Satisfactory-3 Below Average – 2 Poor- 1

1. PRESENTERS:

Speaker	Content	Delivery	Average
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. OVERALL RATING OF THE COURSE: (PLEASE CIRCLE ONE)

Excellent – 5    Good – 4    Satisfactory-3    Below Average-2    Poor- 1

3. WRITTEN MATERIALS: (PLEASE CIRCLE ONE)

Excellent – 5    Good – 4    Satisfactory-3    Below Average-2    Poor- 1

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How can (sponsor) better serve your need? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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REQUEST FOR CME CREDIT BY A SPEAKER

(NOTE: MODERATORS WHO DO NOT CONTRIBUTE SUBSTANTIVE INSTRUCTION MAY NOT RECEIVE ENHANCED CREDIT AS A SPEAKER).

1. Title of program: \_\_\_\_\_
2. Subject of your presentation: \_\_\_\_\_
3. Date(s) and location(s) upon which you spoke:  
(1) \_\_\_\_\_  
(2) \_\_\_\_\_
4. If your presentation was as a solo speaker (not part of a panel), how long was your presentation? (rounded to nearest 1/4 hour) \_\_\_\_\_
5. If your presentation was as a member of a panel, how long was the panel presentation in its entirety? (rounded to nearest 1/4 hour) \_\_\_\_\_
6. The undersigned speaker states that the presentation(s) noted above comply with the *Arkansas Alternative Dispute Resolution Commission Continuing Mediation Education Requirements for Certified Mediators*.
7. Print name: \_\_\_\_\_ Signature: \_\_\_\_\_
8. Tel. No. \_\_\_\_\_ Certification No. \_\_\_\_\_
9. Mailing Address: \_\_\_\_\_  
P.O.Box or Street  
\_\_\_\_\_  
City State Zip Code

CERTIFICATE OF ATTENDANCE FOR  
REMAINDER OF PROGRAM

In addition to the credit I am claiming for speaking at this program, I am entitled to claim \_\_\_\_\_ credit hour(s) for the remainder of the program. (Do not include the amount of time claimed for your presentation.)

\_\_\_\_\_  
Signature

\*\*\*\*\*

TO BE COMPLETED BY SPONSOR

1. Sponsor ID#: \_\_\_\_\_ Program ID#: \_\_\_\_\_
2. The undersigned sponsor representative confirms the representations made by this speaker, (only to the extent of the presentation) and further confirms that the presentation was in compliance with the *Arkansas Alternative Dispute Resolution Commission Continuing Mediation Education Requirements for Certified Mediators*.
3. Sponsor name: \_\_\_\_\_
4. Sponsor representative: \_\_\_\_\_

\_\_\_\_\_  
Date