APPLICATION FOR TENNESSEE ADRC APPROVAL OF 12-HOUR DOMESTIC VIOLENCE TRAINING COURSE

Pursuant to T.C.A.§36-6-409 (5)(B) and T.C.A.§36-6-107 (a)(2)

Please return in this form with the required enclosures to:

Programs Manager
Alternative Dispute Resolution Commission
511 Union St., Ste. 600
Nashville, TN 37219.
(615) 741-2687 ext. 288, 1-800-448-7970 ext.288

Program Information

Program Name: _____

Program Date(s) **[if new trainers or syllabi are used, update information with Programs Manager]**:

_____

Program Site(s): _____

Sponsor Name: _____

Address of Sponsor: _____

Contact Person: _____ Telephone: _____
E-mail: _____ Fax: _____

Maximum number of participants per training program _____

Facilitator Information

Please attach a resume for each trainer.

Primary Trainer(s)

Name(s): _____

Listed as Rule 31 Mediator: ❑ Yes ❑ No

If no, please list the training provider, the dates, and the number of hours of training this trainer(s) received.

_____

_____

_____

_____

Completed 10 mediations within the last year? ❑ Yes ❑ No

Assistant Trainer(s)

Name(s): _____

Listed as Rule 31 Mediator: ❑ Yes ❑ No

If no, please state the dates, the training provider, and the number of hours of training this trainer(s) received.

_____

_____

_____

_____

Completed 10 mediations within the last year? ❑ Yes ❑ No

Curriculum Information

What procedure will be instituted to ensure participants attend the entire session?

_____

_____

Teaching techniques utilized during training programs will include (please check all that apply):

_____ lecture _____ group discussion _____ readings
_____ written exercises _____ mediation simulation
_____ other (please describe): _____

_____

AGENDA SUMMARY

Has this program been approved by the Continuing Legal Education Commission? Yes No
If yes, for how many hours is it approved? _____

Refer to your syllabus to indicate how many hours are provided in distinct lectures and exercises for the following topics.

Hours, Reference to Syllabus (e.g., time and page #)	**Topic**
	Ethical dilemmas arising in mediations with domestic violence issues
	Rule 31 Appendix A review
	Forms of Domestic Violence/Profiles of Abusers
	Effects of Domestic Violence on Children
	Profiles of Victims

	Custody Issues and Visitation in custody/divorce cases with domestic violence issues
	Safety Planning/Safety Assessments
	Recognizing Signs and Symptoms of Abuse
	Police and Court System's response to Domestic Violence
	Barriers to Prosecution
	Community Resources
	Protective Orders
	Mediation of Case With Domestic Violence Issues
	Confidentiality as it relates to child and spousal abuse
	Appointment of Guardian ad litem
	Criminal Offenses Related to Domestic Violence
	Mediation Intake Processes for Mediations with Domestic Violence Issues
	Concepts of and Techniques of Dealing with Anger
	Maintaining Control of Mediation during Mediation with Domestic Violence Issues
	Attorney's role/representation in mediations with domestic violence

Total Number of Training Hours on the Agenda (including role plays): _____

Additional Comments on the training program: _____

_____

_____

CHECKLIST

The following materials must accompany your application:

- Complete Syllabus
- Bibliography of Required Readings
- Summary of Course Materials
- Summary of Each Trainer's Qualifications
- Copy of Evaluation form to be used by participants
- This form.

VERIFICATION OF APPLICATION

I hereby certify that the application submitted for approval by the Alternative Dispute Resolution Commission for 12 hour domestic violence training is accurate and complete.

_____ _____

Date Signature of Training Program Sponsor