APPLICATION FOR TENNESSEE ADRC APPROVAL OF 16-HOUR FAMILY TO CIVIL MEDIATION CROSS-OVER TRAINING COURSE

Pursuant to Tennessee Supreme Court Rule 31 Section 17(c)

Please return this form with the required enclosures to:

Programs Manager
Alternative Dispute Resolution Commission
511 Union Street, Suite 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

Will each participant participate in role plays? _____

Indicate what roles participants will play: _____

_____

_____

Describe how role plays will be evaluated: _____

_____

_____

_____

Will each trainer view no more than two role plays simultaneously? ❑ Yes ❑ No

Will each participant be involved in role play as a mediator and a party? ❑ Yes ❑ No

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
	Techniques for Mediating with Multiple Parties
	Negotiation Dynamics
	Court Process
	Handling Situations Where Individuals Do Not Have Authority to Settle
	Community Resources and Referral Process
	Cultural and Personal Background Factors
	Attorneys and Mediation
	The Unrepresented Party and Mediation
	State Rules, State Statutes and Local Forms Regarding Civil Mediation
	Observation of Role-playing of Civil Mediation
	Standards of Conduct and Ethics Under Rule 31*

*Note: Be sure to complete the additional table on the following page.

Please initial in the left column that each of the ethics topics in the right column will be covered:

Initials	Ethics Focus Point
	Confidentiality and Reporting Requirements
	Necessity of Self-determination
	Conflicts of Interest
	Necessity of Impartiality
	Promoting Mutual Respect of the Parties
	Liability
	Role of Mediators as Officers of the Court
	Disciplinary Procedures
	Professional Courtesy Toward Attorneys and Other Mediators
	No Unreasonable Delays or Fees
	Advertising

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 Family to Civil Mediation Cross-Over Training is accurate and complete.

_____ _____

Date Signature of Training Program Sponsor