

Mediator Application

Central Texas Dispute Resolution Center

APPLICANT INFORMATION

<i>Name:</i>		<i>Date of Birth:</i>	
<i>Mediator Category:</i>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Volunteer/ Pro Bono Only	<input type="checkbox"/> <i>Other, please specify:</i>
<i>Firm/ Business:</i>	<i>Home/Cell Phone:</i>		
<i>Street or Box #:</i>	<i>Business Phone:</i>		
<i>City:</i>	<i>Fax:</i>		
<i>State and Zip Code:</i>	<i>Email:</i>		

MEDIATION TRAINING

Forty Hour Basic Mediation Training, must meet or exceed the TMTR training criteria.

<i>Name of Training Organization:</i>	<i>Date of Training:</i> Click here to enter a date.
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Advanced Mediation Training	<i>Hours:</i>	<i>Type(s):</i>
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EDUCATION

Please list education beyond high school.

<i>School or University</i>	<i>Location (city & state)</i>	<i>Degree & Major</i>	<i>Year of Degree</i>

TEXAS MEDIATOR CREDENTIALING ASSOCIATION STATUS

Do you hold a TMCA credential?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, level:
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MEDIATION EXPERIENCE

Please list the types and approximate number of mediations you have conducted in the last five years. Please indicate the organizations or panels for which you mediated.

Type of Mediation	Location or Panel	Approximate Number Completed

REFERENCES

Please list one or two mediators or others who are familiar with your performance as a mediator or other professional capacity.

Name	Affiliation (firm or organization) and Location (city)	Phone and email	Relationship to Applicant
	Aff: Location:	Phone: Email:	
	Aff: Location:	Phone: Email:	

AVAILABILITY FOR MEDIATIONS

Please indicate when you are available for mediations. Add a note if you are available under specific circumstances.

<input type="checkbox"/> Weekdays, 8:00AM-5:00PM	<input type="checkbox"/> Evenings, 6:00PM-8:00PM	<input type="checkbox"/> Saturdays, 8:00AM-5:00PM
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CRIMINAL HISTORY

<p>Have you ever been convicted of a misdemeanor offense within the last 10 years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Have you ever been convicted of a felony?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Do you have charges pending for any offense?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If you answered yes to any of the questions above, please provide details including the date, charge, and location of the court of conviction for all offenses. (Use additional pages.)</p>

I understand that my acceptance as a mediator at the CTDRRC is contingent upon the satisfactory completion of verification of information contained in this application, a background check which may include reference checks, criminal history and driving record verification.

BY SIGNING BELOW, I certify that I have read and agree with these statements and I give permission for such background checks.

APPLICANT CERTIFICATION

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO CERTIFY THAT I HAVE READ AND I AGREE TO CONFORM TO THE STANDARDS OF PRACTICE AND CODE OF ETHICS OF THE TEXAS MEDIATOR CREDENTIALING ASSOCIATION WHEN I AM MEDIATING DISPUTES ASSIGNED TO ME BY THE CENTRAL TEXAS DISPUTE RESOLUTION CENTER (CTDRRC). I ALSO AGREE TO PARTICIPATE IN THE MEDIATOR EVALUATION PROCESS USED BY THE HCDRC.

Printed Name

Date

Signed

(Typing your name here represents a legal signature.)

SUBMISSION INSTRUCTIONS

In order to receive mediation assignments ALL three (3) items listed below must be submitted.

1. A completed the Mediator Application, signed and dated on page 2.
2. A copy of the applicant's Forty (40) Hour Basic Training Certificate
3. A copy of the applicant's TMCA credential, and
4. A readable copy of a photo ID.

Send all four (4) items above to CTDRRC via email, fax (1-866-475-4195) or conventional mail to the address below.