



Application for Qualification as Mediator

Save and send as attachment to certification@arias-us.org.

Personal Information

Name _____

Home Address _____

Home Telephone _____ Home Fax _____

Member in Good Standing of ARIAS•U.S.: Yes__ No __ If No, discontinue completion.

Any Felony Convictions?: Yes__ No __

Explanation: _____

Undergraduate Education

(School, Degree, Year of Graduation)

Graduate/Professional Education

(School, Degree, Year of Graduation)

Professional Licenses/Credentials: _____

Current Employment

Employer: _____

Title/Position Responsibility: _____

Address: _____

Telephone: _____ Fax: _____

e-mail: _____

Insurance/Reinsurance Experience

You must have at least 10 years of insurance or reinsurance experience. Please detail that experience below.

Mediation Training/Experience

In addition to having insurance or reinsurance experience, you must have training or experience as a mediator pursuant to one of the options below. Please complete the information for one of Options A-D.

OPTION A: Certification as mediator by a state or federal court mediation program satisfactory to the Board of ARIAS•U.S.

Details showing qualification under Option A:

OPTION B: Within the last ten years, successful completion of a mediation training program requires a minimum of 24 hours with mediation training provided by an organization or educational institution that is satisfactory to the Board of ARIAS•U.S.

Name of Mediation Training Program (include certificate)

Location of Program: _____

Date Completed: _____

Hours of Training Completed: _____

OPTION C: Participation as a mediator in at least five mediations in the last ten years.

Please provide qualifying details here:

Option D: Participation in a capacity other than as mediator (*e.g.*, as counsel or client representative) in at least five mediations PLUS 18 hours of training as explained in Option B above.

Please provide details of qualifying mediation here:

For training, please provide the following:

Name of Mediation Training Program (include certificate)

Location of Program _____

Date Completed: _____

Hours of Training Completed: _____

Other Information

You are invited but not required to offer any other information you feel should be brought to the attention of the Board of Directors of ARIAS•U.S.

Statement by Applicant

By signing and submitting this application to ARIAS•U.S., I agree to abide by and be subject to the *Model Standard of Conduct for Mediators as promulgated by the AAA, the ABA, and the Association for Conflict Resolution*, that the information contained herein may be verified by ARIAS•U.S. and that the information provided is accurate to the best of my knowledge and belief after taking reasonable steps to ensure its accuracy.

Signature of Applicant

Date Signed

MAIL COMPLETED FORM TO:

Larry P. Schiffer, EXECUTIVE DIRECTOR

ARIAS•U.S.

222 S. Riverside Plaza, SUITE 1870

Chicago, IL 60606

OR (PREFERRED) EMAIL A PDF OF THE SIGNED APPLICATION TO CERTIFICATION@ARIAS-US.ORG