

Mediation Expert Application for Supreme Court Certification

Return form to:
Indiana Office of Admissions and Continuing Education
251 N. Illinois Street, Suite 550
Indianapolis, IN 46204

Name:

Address:

City State Zip Code

Telephone: Fax:

Email Address

I am applying to be a certified expert to teach in the following subjects:

Domestic Relations:

- Psychological Issues in Domestic Relations Litigation and Mediation
- Communications Skills and Knowledge
- Interpersonal Dynamics
- Issues Concerning Needs of Families over Time
- Special Considerations When Mediating Cases with Domestic Violence

Expert Qualifications

List classes taught in behavioral, social science, communication, or mediation fields

| COURSE NAME | YEAR | LOCATION |
|-------------|------|----------|
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All Post-Secondary Education

| DEGREE AND INSTITUTION | YEAR OBTAINED | MAJOR AREA |
|------------------------|---------------|------------|
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Professional Licenses

| TYPE | STATE AND DATE ISSUED | LICENSE NUMBER | CURRENT STATUS |
|------|-----------------------|----------------|----------------|
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Have you been subject of any disciplinary action affecting your professional license(s)? Yes
No

If yes, please explain the outcome and current status:

List your experience in the behavioral, social science, communication or mediation fields

List any research and writing in the behavioral, social science, communication or mediation fields

I request the Commission for Continuing Legal Education share this information with Mediation Training Providers.

Yes
No

I affirm under penalties of perjury that the foregoing is true to the best of my knowledge.

Signature

Date

| OFFICE USE ONLY | |
|---|---------------------------------|
| DATE RECEIVED BY COMMISSION _____ | |
| <input type="checkbox"/> Further information needed | |
| <input type="checkbox"/> Refer to meeting | |
| <input type="checkbox"/> Approved | <input type="checkbox"/> Denied |
| DATE ACKNOWLEDGEMENT LETTER SENT | INITIALS |