Mediation Trainer Application for Supreme Court Certification

Return form to:

Name

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

Address			
City	State	•	Zip Code
Telephone	Fax		
Email Address			
Sponsor CLE Number	Spor	nsor Web Address	
Application For:	Civil (Basic 40-Hor	ur)	
	Domestic (Basic 40)-Hour)	
Type of Course:	Crossover from Family to Civil		
	Crossover from Civ	ril to Family	
Type of Trainer:	Primary Trainer		
	Assistant Trainer		
All Post-Secondary E	Education		
DEGREE AND	INSTITUTION	YEAR OBTAINED	MAJOR AREA
		OBTAINED	

TYPE	STATE AND DATE	LICENSE	CURRENT
	ISSUED	NUMBER	STATUS
Have you been subject o license?	f any disciplinary action affecting	g your professional	Yes
neense.			No
Have you been subject to	disciplinary action as a mediate	or in any state?	Yes
			No
f yes, please explain the	outcome and give the current stat	rus:	
7 71 1	C		
	MEDIATION EXPER	RIENCE	
A. Total number of pendi	ng court cases or pre-suit cases i	nediated	
3. Total number of pendi	ng court cases or pre-suit cases r	nediations conducte	d within the previo

Mediation Training Experience

PROVIDER/LOCATION	TYPE	**CAPACITY	DATE

^{**}Capacity = e.g. primary trainer, assistant trainer, expert

Mediation Training Received

PROVIDER/LOCATION	TYPE	DATE COMPLETED
	ognized by any state as approved	for training Yes
court sanctioned mediation?	No	
If yes, please specify the state and	course:	
I request the Commission for Co	ntinuing Legal Education share th	is Yes
	diation Training Education Provid	
I affirm under penalties of perjury	that the foregoing is true to the bo	est of my knowledge.
Signature	 Date	
Signature OFFICE USE ONLY	Date	
	Date	
OFFICE USE ONLY	Date SSION	
OFFICE USE ONLY	SSION	
OFFICE USE ONLY DATE RECEIVED BY COMMI Further information neede	SSION	