



**Association for
Conflict Resolution**

Application for ACR Family Section Advanced Practitioner Membership

The Association for Conflict Resolution is a professional organization dedicated to enhancing the practice and public understanding of conflict resolution.

Note: Please remember to submit the original plus three copies of the application and four copies of all requested documentation.

This documents is also available for download at <http://www.ACRnet.org/referrals/>. For more information, please contact ACR Member Concierge Center at 925045606363" or at membership@acrnet.org.

APPLICATION FOR ADVANCED PRACTITIONER MEMBER ACR FAMILY SECTION

APPLICANT INFORMATION

To download the guidelines for completing this form or for further information, please go to <http://www.ACRnet.org/referrals>

Name _____

Title and Organizational Affiliation (if applicable) _____

Mailing Address	Street _____	City _____	State _____	Zip _____
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Telephone _____	Fax _____	Email _____
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Name of person who referred you to ACR (if applicable) _____

CONTINUING EDUCATION

By my signature below, I agree I will complete 20 hours of continuing mediation education every two years, and I agree to submit continuing education information on a self-swearing affidavit provided by ACR. ACR Annual Conference workshop and Section meeting attendance, consultation with an ACR Family Section Advanced Practitioner member, and comparable family mediation continuing education qualify.

ACR REFERRAL SERVICE

ACR Family Section Advanced Practitioner members are eligible to be included in the ACR Family Section Referral Service. In order to qualify for this service, you must have current liability insurance that covers you in the practice of mediation in all areas in which you practice. Please check the appropriate box:

I wish to be included in the Referral Service and I hereby declare that I currently hold professional liability insurance that covers me in the practice of mediation in all the areas in which I practice. I agree that I will maintain such liability insurance at all times during which I am an Advanced Practitioner member of ACR.

I do not wish to be included in the Referral Service at this time.

Signature _____	Date _____
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PAYMENT INFORMATION

Advanced Practitioner fee \$40

ACR Family Section Dues (omit if you are already a member of the Family Section) \$15

I am not a current member of ACR and would like to join *(please complete the membership application form at <http://www.ACRnet.org/membership/index.htm>)*

TOTAL DUE \$_____

Payment must accompany application and be made payable to the Association for Conflict Resolution ACR Inc., Federal Tax ID Number 23-7251385

Amount Enclosed (US Dollars) \$ _____ Please charge my VISA MasterCard Check

Name on Card _____ Signature _____

Account Number _____ Exp. Date _____

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(Note: Please remember to submit the original plus three copies of the application and four copies of all requested documentation)

EXPERIENCE (Please submit supporting documents - see Guidelines)

Number of years of family mediation experience (minimum two years):

Number of hours of face-to-face mediation experience (minimum 250 hours):

Note: Up to 50 hours may be telephonic or online.

Number of telephonic or online hours:

Number of family mediation cases you have mediated (minimum 25 hours):

30 OR 40 HOUR TRAINING (Please submit supporting documents, including your training certificate - see Guidelines)

Describe how you completed the 30 hour or the 40 hour family or divorce mediation training requirement:

Title of course:

Trainer(s):

Location/Dates:

Total Hours:

Is this training listed on the ACR website as an approved family or divorce mediation training? Yes No

ADDITIONAL HOURS OF EDUCATION OR TRAINING (Please submit supporting documents - see Guidelines)

Describe how you completed the additional 20 or 30 hours (total of 60 hours required) of family mediation training or education, including title, trainer(s), location, dates, and total hours. Use additional paper if necessary.

DOMESTIC VIOLENCE TRAINING (Describe how you completed ACR's required (two-hour minimum) domestic violence training either in your basic training or from additional training.

Title of course:

Trainer(s):

Location/Dates:

Total Hours:

CASE CONSULTATION

Describe how you completed the requirement (minimum four hours) of consultation with an ACR Advanced Practitioner member. Please provide the consultant's name, dates of consultation, and hours completed. In addition, submit the consultant's evaluation form in a sealed envelope.

Please return the completed application and all supporting documentation to:

**ACR AP Program Manager
Association for Conflict Resolution
12100 Sunset Hills Road, Suite 130
Reston, VA 20190**

For more information, please contact the ACR Member Concierge Center at 703.234.4141, or email membership@acrnet.org.