

**Advanced Practitioner Application-Labor and Employment Arbitrator  
(Updated March 2010)**

This Advanced Practitioner status represents a significant level of experience in workplace disputes and litigated employment matters beyond the Practitioner level designation.

Please review the text of the AP Standards for Application for a complete explanation of all requirements. The Standards are available upon request from the ACR office or on the web at [http://www.acrnet.org/referrals/ap-workplace\\_arb.htm](http://www.acrnet.org/referrals/ap-workplace_arb.htm). Attach additional pages as needed. Provide a copy of your current c.v. or resume.

**PLEASE SUBMIT ONE ORIGINAL AND THREE COPIES OF THIS APPLICATION AND ALL REQUESTED DOCUMENTS TO ACR.**

**I. APPLICANT CONTACT INFORMATION**

Name \_\_\_\_\_

Title/Organization Affiliation \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**II. ACR MEMBERSHIP STATUS**

Applicants for Advanced Practitioner status must be Practitioner members of ACR in good standing and be a member of the Workplace Section. If you are not yet a member of ACR, please complete the ACR Membership Application prior to applying for Advanced Practitioner Membership. If you are not yet a Practitioner member of ACR, you can simultaneously submit your Practitioner member application.

- I am a member of the Workplace Section
- I am becoming a member of the Workplace Section through this application
- I am currently a Practitioner member of ACR
- I am not currently a Practitioner member of ACR but I meet the standards as indicated on the ACR website.
- I attest to compliance with the ACR ethical guidelines described in the ACR website.

**III. ACR REFERRAL SERVICE**

Advanced Practitioner members of the Workplace Section are eligible for inclusion in the ACR Workplace Section Referral Service, found on the ACR website. In order to qualify for this service, you must have current liability insurance that covers you in the practice of arbitration. Please check the appropriate line below:

\_\_\_\_\_ I wish to be included in the Referral Service. I hereby declare that I currently hold professional liability insurance that covers me in the practice of arbitration. 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.

#### **IV. EVIDENCE OF LIABILITY INSURANCE**

\_\_\_\_\_ I wish to be included in the Referral Service and I am attaching a copy of evidence of liability insurance in force that covers the provision of arbitration services

#### **V. ARBITRATION EXPERIENCE (Completed in the five (5) calendar years prior to this application)**

- Submit verification of a minimum of thirty-five (35) countable cases as an arbitrator or Hearing Officer in labor and/or employment matters. Countable cases include final and binding awards, expedited awards, advisory awards, AAA/FMCS/PERB/Civil Service/NASD/private panel hearings, and selections as an arbitrator that settled or otherwise did not go to hearing. Countable cases can include either labor and employment arbitration cases, or either category of cases in any combination.
- Include a summary sheet of all countable cases, including case name, type of arbitration, and date.
- Submission of proof for all cases requires a) appointment letters or b) first/last pages of awards.
- Twenty-five (25) of countable cases must be written awards. No more than ten (10) of those written awards can be from the same parties.
- Current members of the National Academy of Arbitrators (NAA) will be accepted as having the sufficient experience of countable cases, but must complete the remainder of the application.
- Labor-Management advocates in current practice are not eligible for the arbitrator AP.

#### **VI. SERVICE TO THE ADR FIELD (Completed in the three (3) years prior to this application)**

In the past three (3) years, the candidate attests to having provided 24 hours of volunteer service to the ADR field, which includes but is not limited to the following:

- Mentoring or supervision services in ADR for which no compensation is received.
- Volunteer arbitration
- Service to professional associations such as ACR, regional chapters of ACR, state bar organizations, colleges, AAA, FMCS, local ADR organizations, etc.
- Serve as faculty in workshops or presentations in ADR for which no compensation, other than travel related expenses, is received.

#### **VII. CONTINUING EDUCATION OF 6 HOURS PER YEAR**

I agree to accept the obligation of continuing education and I will complete 40 hours of continuing education every 5 years, and agree to submit the required affidavit and any other materials requested to the ACR office prior to renewal of my Advanced Practitioner Member status.

#### **VII. ENCLOSED RESUME**

My complete resume or cv is enclosed, describing my complete experience in labor and employment arbitration, arbitration training, past and current arbitration panels, recognition, and published articles, etc.

#### **ACCURACY OF INFORMATION PROVIDED**

By my signature below, I certify that the information provided herein and all attachments to this application accurately represent my qualifications and experience. By being a member of ACR, I agree to honor the ACR Standards of Practice and the ACR Ethics Review Process.

Signature:

Date:

**FEES AND PAYMENT INFORMATION** Please Check All Appropriate Boxes

- |   |       |
|---|-------|
| <input type="checkbox"/> Workplace Section Dues (omit if you are already a member of the Workplace Section) | \$ 15 |
| <input type="checkbox"/> Application Fee  | \$ 75 |
| <input type="checkbox"/> Additional Dues Beyond Basic Membership  | \$ 40 |

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) \$ \_\_\_\_\_  Check  Please charge my  VISA   
MasterCard

Name on Card \_\_\_\_\_ Signature  
\_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date  
\_\_\_\_\_

Please attach additional pages as needed.

Please return the completed application to

AP Program Manager

Association for Conflict Resolution

12100 Sunset Hills Road, Suite 130

Reston, VA 20190

For more information, you may contact ACR at 703-234-4141

Fax: 703-435-4390

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ALL REQUESTED DOCUMENTS TO ACR.**

**APPLICATIONS WILL BE REVIEWED ON A QUARTERLY BASIS.**