



## Advanced Practitioner – Workplace Mediation Application

Please see the complete text of the Standards for a full 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.htm>. Attach additional pages as needed. Also, please 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. CONTINUING EDUCATION**

By my signature below, I agree that I will complete 18 hours of continuing education every 3 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.

### **III. ACR MEMBERSHIP STATUS**

Applicants for Advanced Practitioner Member status must be Practitioner members of ACR in good standing and be or become 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.

\_\_\_\_\_ I am not yet a Practitioner member of ACR but have submitted or am simultaneously submitting my Practitioner member application to ACR.

\_\_\_\_\_ I am currently a Practitioner member of ACR and

am a member of the Workplace Section

am not yet a member of the Workplace Section (Workplace Section membership is required)

### **IV. ACR REFERRAL SERVICE**

Advanced Practitioner members of ACR's Workplace Section are eligible for inclusion in the ACR Workplace 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 below and attach to your application a copy of your certificate of insurance, a letter confirming the existence of the required coverage, or other like evidence.

\_\_\_\_\_ 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 mediation in all the areas in which I practice or that I am not required to hold liability insurance (see Section X below.) I agree that I will maintain such liability insurance (unless not required to do so) 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.

### **V. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE PROVIDE ONE ORIGINAL AND THREE COPIES  
OF THIS APPLICATION AND ALL REQUESTED DOCUMENTS.**

**VI. EXPERIENCE (Completed in the four (4) years prior to this application)**

\_\_\_\_\_ Number of years of workplace mediation experience

\_\_\_\_\_ Number of workplace cases that you have mediated within the past four (4) years (minimum 20) as lead or solo mediator.

\_\_\_\_\_ Number of hours mediating workplace disputes in the past four (4) years (minimum 80) as lead or solo mediator.

**VII. TRAINING (Completed in the four (4) years prior to this application)**

Describe how you have met the required twenty-four (24) hours of relevant education and training in mediating workplace disputes beyond the basic mediation skills training in the four (4) years prior to the date of this application. Appropriate documentation such as certificates of completion, letters from the provider, or copy of transcripts, for example, may be requested by ACR to confirm the following, if adequate information is not provided herein.

1. Title of Course \_\_\_\_\_

Trainer(s) \_\_\_\_\_

Location/Dates \_\_\_\_\_ Total hours \_\_\_\_\_

2. Title of Course \_\_\_\_\_

Trainer(s) \_\_\_\_\_

Location/Dates \_\_\_\_\_ Total hours \_\_\_\_\_

3. Title of Course \_\_\_\_\_

Trainer(s) \_\_\_\_\_

Location/Dates \_\_\_\_\_ Total hours \_\_\_\_\_

4. Title of Course \_\_\_\_\_

Trainer(s) \_\_\_\_\_

Location/Dates \_\_\_\_\_ Total hours \_\_\_\_\_

**VIII. SERVICE TO THE FIELD (Completed in the four (4) years prior to this application)**

Please describe how you have completed a minimum of fifteen (15) hours of volunteer service to the field, including the minimum required three (3) hours of providing guidance, mentoring, or supervision services to other mediators for which no fee is charged.

**IX. REFERENCES**

Please provide the names, addresses, and phone numbers of those who are familiar with your work and who have agreed to provide letters of reference for you. **PLEASE ATTACH LETTERS OF REFERENCE TO THIS APPLICATION. THESE MUST BE ON THE LETTERHEAD OF THE PERSON PROVIDING THE REFERENCE.**

Colleagues: Two (2) required

- 1.
- 2.

Clients/Panel Directors or Others who have used your services: Two (2) required

- 1.
- 2.

Mediator for whom you provided guidance, mentoring or supervision services: One (1) required.

- 1.

**X. LIABILITY INSURANCE**

\_\_\_\_\_ Evidence of liability insurance in force that covers the provision of mediation services, or

\_\_\_\_\_ Individual liability insurance coverage is not necessary because:

**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
<b>TOTAL DUE</b>	<b>\$ _____</b>

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 Hill Road, Suite 130, Reston, VA 20190. For more information, you may contact the ACR Member Concierge Center at 703.234.4141, or by email at: [membership@acrnet.org](mailto:membership@acrnet.org). Fax: (703) 435-4390.

# **SUMMARY OF APPLICATION & RENEWAL REQUIREMENTS**

## **Advanced Practitioner – Workplace Mediation**

### **INITIAL QUALIFICATION REQUIREMENTS**

The applicant must meet the following requirements to be considered for Advanced Workplace Practitioner member status.

#### **General Requirements**

- Be a Practitioner Member of ACR in good standing, or meet the requirements for Practitioner Membership and be applying simultaneously.
- Affirm adherence to the Standards of Practice of the Association for Conflict Resolution.

#### **Training in the previous four (4) years**

- Have completed twenty-four (24) hours of relevant education and training beyond the initial 40-hour basic mediation training within the four (4) year period preceding the date of application for Advanced Practitioner member status. Education and training must be drawn from subjects in the three core areas of substantive knowledge, knowledge of process, and application of skills and knowledge. (See Standards for a more detailed description of types of training that qualify to meet this requirement.)

#### **Experience in the previous four (4) years**

- Have completed a minimum of twenty (20) cases in workplace issues and disputes as lead or solo mediator; AND
- Have completed of a minimum of eighty (80) hours mediating workplace disputes as lead or solo mediator.

#### **Service to the field in the previous four (4) years**

- Provide information about the provision of at least fifteen (15) hours of volunteer service to the field, including the required three (3) hours of providing guidance, mentoring, or supervision services to other mediators. (See Standards for a description of types of service that qualify to meet this requirement.)

#### **References (may also be used to satisfy the experience requirement, above)**

- Submit two (2) letters of references from colleagues who are familiar with your workplace mediation experience, AND
- Submit two (2) letters of reference from those who have used your services in mediating workplace issues, AND
- Submit one (1) letter of reference from a mediator to whom you provided guidance, mentoring, or supervision services.

#### **Other requirements**

- Submit a current resume or curriculum vitae.
- Provide proof of liability insurance in force that covers the provision of mediation services or an explanation of why such coverage is not required.
- Submit a non-refundable application fee of \$75.00 US.

### **RENEWAL**

A review of the Advanced Practitioner member's compliance with the requirements for renewal will be conducted every three years. In order to maintain the Advanced Practitioner status, the member must:

- Be an Advanced Practitioner member in good standing with ACR;
- Provide proof of liability insurance in force that covers the provision of mediation services or an explanation of why such coverage is not required.
- Provide proof of completion of eighteen (18) hours of continuing education in the three years prior to renewal (see Standards for details of what qualifies to meet this requirement).