



**Association for
Conflict Resolution**

**ASSOCIATION FOR CONFLICT RESOLUTION
FAMILY SECTION
APPLICATION FOR APPROVAL
30-HOUR BASIC FAMILY MEDIATION TRAINING
40-HOUR BASIC COMPREHENSIVE DIVORCE MEDIATION TRAINING**

30-hour Family Mediation Training Program 40-hour Divorce Mediation Training Program

Applicant's Name _____

Training Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____

List all trainers participating in the training and indicate if they are Advanced Practitioner members of ACR.

Please include four copies each of the following documents:

- | | |
|---|---|
| <input type="checkbox"/> Trainer's vitae (one for each name listed above) | <input type="checkbox"/> Role-play scenarios |
| <input type="checkbox"/> Completed application (+15 Identified Outcomes) | <input type="checkbox"/> 30-minute audio or videocassette |
| <input type="checkbox"/> Program agenda and daily schedule | <input type="checkbox"/> 20 completed evaluation forms from previous family trainings |
| <input type="checkbox"/> Student Manual* and other handouts | <input type="checkbox"/> Permission to use material from other authors |

And:

- \$400 non-refundable application fee
- I hereby affirm that I have mediated no fewer than 20 family cases within the past two years

Signature: _____ Date: _____

*Note: the Student Manual should include:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Table of Contents • ACR membership information • Sample agreement to mediate • Information on domestic violence | <ul style="list-style-type: none"> • ACR Standards of Practice • Current bibliographies • Sample mediation rules/guidelines • Sample Memorandum of Understanding |
|--|--|

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**A PROFESSIONAL ORGANIZATION DEDICATED TO ENHANCING THE
PRACTICE AND PUBLIC UNDERSTANDING OF CONFLICT RESOLUTION**

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