



**MARYLAND COUNCIL FOR DISPUTE RESOLUTION  
APPLICATION FORM FOR MEDIATOR CERTIFICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_

Work Telephone \_\_\_\_\_

**Mediation Training**

*A. Basic Mediation Training (40 hours)*

Name of Training \_\_\_\_\_

Name of Trainer/Trainers \_\_\_\_\_

Number of Classroom Hours \_\_\_\_\_

Location of Training and Dates \_\_\_\_\_

**Please Note:** Please attach a certificate or letter of completion and a copy of the agenda for the training. If this has been lost, please attach whatever documentation you have. Attachments for Basic Mediation Training are as follows:

\_\_\_\_\_

*B. Advanced Training:* If you have had advanced mediation training beyond the basic 40 hours, or if you have had mediation training in a content area, please fill out the section below. If necessary, please add a separate sheet.

Name of Training \_\_\_\_\_

Name of Trainer/Trainers \_\_\_\_\_

Subject Matter (if not obvious from training title) \_\_\_\_\_

Number of Classroom Hours \_\_\_\_\_

Location of Training and Dates \_\_\_\_\_

**Please Note:** Please attach a certificate or letter of completion and a copy of the agenda for the advanced training. If this has been lost, please attach any documentation you have.

Attachments for advanced or specialized training are as follows: \_\_\_\_\_

**Education**

Degree \_\_\_\_ Subject \_\_\_\_\_ Date \_\_\_\_ Educ. Institution \_\_\_\_\_

Degree \_\_\_\_ Subject \_\_\_\_\_ Date \_\_\_\_ Educ. Institution \_\_\_\_\_

**Experience/Practice**

*Practice as a Mediator:*

Please indicate how many mediation cases you have mediated (or approximate if exact number not known – we generally discourage this process unless you have mediated at least 20 cases or co-mediated at least 30 cases); of what kinds of cases; and over how much time.

*Mediation Style*

Please indicate your mediation style (check all that apply): \_\_\_\_ Facilitative,  
\_\_\_\_ Transformative, \_\_\_\_ Evaluative

Remember to attach you Self Statement

*Practice in a Non-Mediation Area:*

If you have practiced in a specialty area or profession and therefore have a working knowledge of a content area as listed in the appendix of the MCDR Mediator Qualifications, please complete the statement below:

I hereby certify that as \_\_\_\_\_, I have practiced in the  
(Profession such as therapist, lawyer, accountant, etc.)  
Area of \_\_\_\_\_ for \_\_\_\_\_ years and  
(Content area)  
Have handled at least \_\_\_\_\_ cases of this type.

**References.**

Two references are required; one from your trainer and one from your mentor or someone who has co-mediated with you. If such people are no longer available to you, or if you have mediated since your training to the extent that your level of expertise is much greater now, two references from experienced mediators familiar with your work can be used. Please indicate below if such reference letters/forms are attached or are being sent separately:

\_\_\_\_\_ Reference forms attached.

\_\_\_\_\_ References are being sent under separate cover. References are:

a. \_\_\_\_\_

b. \_\_\_\_\_

**Oath and Certification of Compliance with Ethical Standards**

**I swear or affirm under the penalties of perjury that the information given in this application is true and correct and I certify that I have read the Basic Standards of Practice for ADR Professionals, as promulgated by MCDR and that I agree to abide by them.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
date

Please send your completed application, self statement and fee\* to: MCDR; c/o David Simison, 108 Cathedral Street, Annapolis, MD 21401

\*Make check payable to MCDR

Before October 25, 2008, \$100 MCDR members; \$125 MCDR non-members

After October 25, 2008 please inquire