

**APPLICATION FOR TENNESSEE ADRC APPROVAL OF  
16-HOUR FAMILY TO CIVIL MEDIATION CROSS-OVER TRAINING COURSE  
Pursuant to Tennessee Supreme Court Rule 31 Section 17(c)**

Please return this form with the required enclosures to: Programs Manager  
Alternative Dispute Resolution Commission  
511 Union Street, Suite 600  
Nashville, TN 37219  
(615) 741-2687 ext. 1320, 1-800-448-7970 ext.1320

**Program Information**

Program Name: \_\_\_\_\_

Program Date(s) [if new trainers or syllabi are used, update information with Programs Manager]:

\_\_\_\_\_

Program Site(s): \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Maximum number of participants per training program: \_\_\_\_\_

**Facilitator Information**

Please attach a resume for each trainer.

**Primary Trainer(s)**

Name(s): \_\_\_\_\_

Listed as Rule 31 Mediator:  Yes  No

If no, please list the training provider, the dates, and the number of hours of training this trainer(s) received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your mediation training experience and any other training experience . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your history as a mediator . \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many mediations have you conducted within the last twelve (12) months? \_\_\_\_\_

Assistant Trainer(s)

Name(s): \_\_\_\_\_

Listed as Rule 31 Mediator:  Yes  No

If no, please state the dates, the training provider, and the number of hours of training this trainer(s) received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your mediation training experience and any other training experience . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please describe your history as a mediator . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How many mediations have you conducted within the last twelve (12) months? \_\_\_\_\_

**Curriculum Information**

Will each participant participate in role plays? \_\_\_\_\_

Indicate what roles participants will play: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe how role plays will be evaluated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will each trainer view no more than two role plays simultaneously?  Yes  No

Will each participant be involved in role play as a mediator and a party?  Yes  No

What procedure will be instituted to ensure participants attend the entire session? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teaching techniques utilized during training programs will include (please check all that apply):

\_\_\_\_\_ Lecture                      \_\_\_\_\_ Group Discussion                      \_\_\_\_\_ Readings

\_\_\_\_\_ Written Exercises                      \_\_\_\_\_ Mediation Simulation

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_  
\_\_\_\_\_

## **Agenda Summary**

Has this program been approved by the Continuing Legal Education Commission?  Yes  No

If yes, for how many hours is it approved? \_\_\_\_\_

Refer to your syllabus to indicate how many hours are provided in distinct lectures and exercises for the following topics:

<b>Hours, Reference to Syllabus (e.g., time and page #)</b>	<b>Topic</b>
	Techniques for Mediating with Multiple Parties
	Negotiation Dynamics
	Court Process
	Handling Situations Where Individuals Do Not Have Authority to Settle
	Community Resources and Referral Process
	Cultural and Personal Background Factors
	Attorneys and Mediation
	The Unrepresented Party and Mediation
	State Rules, State Statutes and Local Forms Regarding Civil Mediation
	Observation of Role-playing of Civil Mediation
	Standards of Conduct and Ethics Under Rule 31*

\*Note: Be sure to complete the additional table on the following page.

Please initial in the left column that each of the ethics topics in the right column will be covered:

Initials	Ethics Focus Point
	Confidentiality and Reporting Requirements
	Necessity of Self-determination
	Conflicts of Interest
	Necessity of Impartiality
	Promoting Mutual Respect of the Parties
	Liability
	Role of Mediators as Officers of the Court
	Disciplinary Procedures
	Professional Courtesy Toward Attorneys and Other Mediators
	No Unreasonable Delays or Fees
	Advertising

Total number of training hours on the agenda (including role plays): \_\_\_\_\_

Additional comments on the training program: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**Checklist**

The following materials must accompany your application:

- Complete Syllabus
- Bibliography of Required Readings
- Summary of Course Materials
- Summary of Each Trainer’s Qualifications
- Copy of Evaluation Form to Be Used by Participants
- This Form

**Verification of Application**

I hereby certify that the application submitted for approval by the Alternative Dispute Resolution Commission for Family to Civil Mediation Cross-Over Training is accurate and complete.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Training Program Sponsor