

**APPLICATION FOR TENNESSEE ADRC APPROVAL OF
30- OR 24-HOUR CIVIL TO FAMILY 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:

Hours, Reference to Syllabus (e.g., time and page #)	Topic
	Negotiation Dynamics
	Court Process
	Communication Skills
	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 Family Mediation
	Ethical Dilemmas Arising in the Family Mediation Context
	Constraints of Attending the Mediation of Cases Where a Threat of Domestic Violence Exists
	Confidentiality As It Relates to Child and Spousal Abuse
	Use of Protective Services, and Maintenance of a List of Services
	Psychological Issues in Divorce and Separation – Family Dynamics
	Issues Concerning Needs of Children in Divorce
	Family Economics
	Observation of Role-playing of Family Mediation
	Standards of Conduct and Ethics Under Rule 31*

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

In addition to the mediation training, family mediators are required to complete 6 hours of training in Tennessee family law and procedure. If your program will include this 6 hours, please provide a detailed summary of these hours, and the qualifications of the trainer providing these hours. Please attach a separate sheet with this information.

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
- Resume for each Trainer
- Additional Sheet Detailing the 6 Hours of Tennessee Family Law (if Applicable)
- 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 Civil to Family Mediation Cross-over Training is accurate and complete.

 Date
 Civil to Family Crossover Training Application
 Revised: January 26, 2016

 Signature of Training Program Sponsor