



Chairperson
 Edward P. Silva, Esq.
 Hartzog & Silva
 123 5th Avenue North
 Franklin, TN 37064
 615-790-1500
 esilva@hartzogsilva.com

Programs Manager
 Patricia Mills, Esq.

Programs Assistant
 Caitlin E. Vasser

Tennessee Supreme Court

ALTERNATIVE DISPUTE RESOLUTION COMMISSION
 Nashville City Center, Suite 600
 511 Union Street
 Nashville, TN 37219
 615-741-2687 Fax 615-741-6285

Commission Members
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 Frank S. Cantrell, Esq.
 Leslie M. Gattas, Esq.
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Rule 31 Continuing Mediation Education Accreditation Request Form

Provider Name: _____
Address: _____
Telephone/Fax: _____
E-Mail Address: _____
Course Title: _____
Date(s) Held: _____
Location(s): _____
How to Register: _____
Fee for Members/Non-Members: _____
Does this course have CLE Commission Approval? _____

Session Description	Type of Credit Requested (General Continuing Education, General Mediation Issues, Mediation Ethics, or Family Law)	Start Time	End Time	Credit Approval (Office Use Only)

OFFICE USE ONLY
Total Approved CME:
Date Approved: