| For Office Use Only: | | |
|----------------------|-----------------|------------------|
| Date Received | Approval Date | |
| Date Entered | Approval Number | Re-Approval Date |

Georgia Office of Dispute Resolution

Application for Mediation Course Approval General or Domestic Relations

This application will be considered pursuant to approval criteria established by the Georgia Commission on Dispute Resolution and without regard to race, color, religion, political affiliation, national origin, handicap, sex, or age. Please read carefully the Training Approval Guidelines and the Directions for Completing Application for Approval that accompany this application before completing it. Please type or print.

SECTION I. PROGRAM INFORMATION

| Other Contact Information: | Contact Person: | |
|------------------------------------|---------------------------------|------------------|
| | relepnone: | |
| | Fax: | |
| | E-Mail: Website: | |
| This application is for certificat | tion of a: | |
| 28-hour General Medi | iation Training Program | |
| 42-hour Domestic Rel | lations Mediation Training Prog | gram. |
| Name(s) and mediator regist | ration number(s) of primary ins | tructor(s): |
| Name | | GODR Registratio |
| | | |
| | | |

D. Please attach resumes for each trainer.

| Ε. | Please | identify class size for this course: |
|------|---------------------|---|
| | 1. 2. 3. | Minimum number of participants for this course: Maximum number of participants for this course: # of experienced mediators who will observe, process, and critique the role plays: Attach resumes if the mediator coaches are known; if not, describe selection method. |
| F. | If yes: 1. 2. 3. | Number of times this training program has been presented: Number of participants in most recent presentation: Attach evaluations of the program by the participants in the most recent presentation. |
| SECT | TION I | I. COURSE CONTENT |
| A. | discuss particip | describe the format of the program and give approximate time spent on the following: lecture, ion, exercises and role plays. Please attach an agenda for the training and provide a copy of the pant's manual. If extra space is needed, please attach a separate sheet of paper with the number question before your response. |
| | G •6 | |
| В. | Specif | ic Course Information: |
| | 1. | Application for 28-Hour General Mediation Training: |
| | Give a | brief description of how the course covers each of the subjects listed below and identify the areas |
| | in your | attached agenda/manual that correspond to each subject. |
| | a. | An overview of ADR processes. |
| | | |

| | Mediation theory and history; role of the mediator. |
|----------|---|
| | |
| <i>T</i> | The mediation process, including the stages of mediation. |
| | Communication skills, including reframing, use of questions, note taking and body inguage. |
| | onflict resolution techniques, including dealing with difficult situations that may arise durin |
| <i>n</i> | nediation; dealing with impasse. |
| _ | Drafting agreements, including role of attorneys in formalizing agreements. |
| | Drajting agreements, including role of attorneys in formatizing agreements. |
| | Ethics and professionalism. |
| | |
| | Court process. |
| | |
| , | |
| | Role plays. |

| | ting tension and vio | | |
|----------------|----------------------|------|--|
| | | | |
| | | | |
| Diversity awar | eness. | | |
| | | | |
| | | | |
| Other topics. | | | |

C. Applications for 42-Hour Domestic Relations Mediation Training

Please demonstrate by attaching documentation that the program has been certified by the Association of Conflict Resolution (a merged organization of AFM, CREnet and SPIDR).

SECTION III. FEES

There is a processing fee of \$100 for this application.

Please include a check or money order for \$100 made payable to the Georgia Office of Dispute Resolution. Do not send cash.

SECTION IV. SUPPORTING DOCUMENTS/CHECKLIST

| Please | attach copies of the following, which are required to support the description of the course content: | | | | |
|------------------|---|--|--|--|--|
| | An agenda that includes specific time allotted to each activity; | | | | |
| | Participant's manual, materials and handouts, including role plays; | | | | |
| | Evaluation forms from previous training sessions unless the training program is new. If the training program is new, these forms must be provided after the first training session following provisional approval; | | | | |
| | Resumes of instructor(s). The resumes should provide specific information about mediation experience; | | | | |
| | Resumes of coaches. The resumes should provide specific information about mediation experience; | | | | |
| | Statement(s) from each primary instructor for a general mediation training program that: | | | | |
| | i. s/he has a minimum of two years mediation experience with at least 8 cases per year ii. her years of mediation experience and post secondary education total at least 4 years; | | | | |
| | Statement from primary instructor that each participant will serve as mediator for an entire role play at least once. | | | | |
| | Statement from primary instructor that each participant will serve as mediator for an entire role play at least once. | | | | |
| | In the case of domestic relations mediation training programs, a demonstration that the program has been certified by the Association of Conflict Resolution (a merged organization of AFM, CREnet, and SPIDR). | | | | |
| | Check/money order for administrative fee | | | | |
| course the train | certify that the information on this application is correct to the best of my dge and that I will notify the Georgia Office of Dispute Resolution of any changes in primary instructors, content or contact information. I understand that all information herein is subject to verification and that ning may be observed at any time by a representative of the Georgia Office of Dispute Resolution as a the approval process. | | | | |
| Signatu | re of Person Responsible for Providing Training Date | | | | |
| | Return the application to: Georgia Office of Dispute Resolution 244 Washington St. SW Suite 300 Atlanta, GA 30334-5900 | | | | |