

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

A. Name and mailing address of person or organization responsible for the training program:

Other Contact Information:	Contact Person: _____
	Telephone: _____
	Fax: _____
	E-Mail: _____
	Website: _____

B. This application is for certification of a:

_____ 28-hour General Mediation Training Program
_____ 42-hour Domestic Relations Mediation Training Program.

C. Name(s) and mediator registration number(s) of primary instructor(s):

Name	GODR Registration #
_____	_____
_____	_____
_____	_____

D. Please attach resumes for each trainer.

b. ***Mediation theory and history; role of the mediator.***

c. ***The mediation process, including the stages of mediation.***

d. ***Communication skills, including reframing, use of questions, note taking and body language.***

e. ***Conflict resolution techniques, including dealing with difficult situations that may arise during mediation; dealing with impasse.***

f. ***Drafting agreements, including role of attorneys in formalizing agreements.***

g. ***Ethics and professionalism.***

h. ***Court process.***

i. ***Role plays.***

j. *Handling escalating tension and violence in the mediation context (not domestic violence).*

k. *Diversity awareness.*

l. *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

I, _____, certify that the information on this application is correct to the best of my knowledge and that I will notify the Georgia Office of Dispute Resolution of any changes in primary instructors, course content or contact information. I understand that all information herein is subject to verification and that the training may be observed at any time by a representative of the Georgia Office of Dispute Resolution as a part of the approval process.

Signature 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