



**MARYLAND COUNCIL FOR DISPUTE RESOLUTION
APPLICATION FORM**

MEDIATOR ASSESSMENT/CERTIFICATION

Name _____

Address _____

Home Telephone _____

Cell Telephone _____

Mediation Training

A. *Basic Mediation Training (40 hours)*

Name of Training _____

Name of Trainer/Trainers _____

Number of Classroom Hours _____

Location of Training and Dates _____

Please Note: Please attach a certificate or letter of completion and a copy of the agenda for the training. If this has been lost, please attach whatever documentation you have. Attachments for Basic Mediation Training are as follows:

B. *Advanced Training*: If you have had advanced mediation training beyond the basic 40 hours, or if you have had mediation training in a content area, please fill out the section below. If necessary, please add a separate sheet.

Name of Training _____

Name of Trainer/Trainers _____

Subject Matter (if not obvious from training title) _____

Number of Classroom Hours _____

Location of Training and Dates _____

Please Note: Please attach a certificate or letter of completion and a copy of the agenda for the advanced training. If this has been lost, please attach any documentation you have.

Attachments for advanced or specialized training are as follows: _____

Education

Degree ____ Subject _____ Date ____ Educ. Institution _____

Degree ____ Subject _____ Date ____ Educ. Institution _____

Experience/Practice

Practice as a Mediator:

Please indicate how many mediation cases you have mediated (or approximate if exact number not known); of what kinds of cases; and over how much time.

Mediation Style

Please indicate your mediation style (check all that apply): ____ Facilitative,
____ Transformative, ____ Evaluative _____ (Other – please describe)

* Please remember to attach your Self Statement

References.

Two references are required; references may be from a trainer, a mentor or someone who has co-mediated with you. If such people are no longer available to you, two references from experienced mediators familiar with your work can be used. Please indicate below if such reference letters/forms are attached or are being sent separately:

_____ Reference forms attached.

_____ References are being sent under separate cover. References are:

a. _____

b. _____

Oath and Certification of Compliance with Ethical Standards

I swear or affirm under the penalties of perjury that the information given in this application is true and correct and I certify that I have read the Maryland Standards of Conduct for Mediators and that I agree to abide by them.

Signature date

Please send your completed application and self statement to:

MCDR
c/o Barbara Blake Williams
Chair of MCDR Certification Committee
5938 Iron Frame Way
Columbia, MD 21044

Payment for Certification

The fee for Certification is \$325 for MCDR members; \$395 for MCDR non-members

Payment can be made by **check** made payable to the Maryland Council for Dispute Resolution and submitted as shown above with your application.

Payment can be made using **PayPal** by sending your name, mailing address, phone and e-mail address to Barry M. Weissman, Treasurer at: MCDRadmin@earthlink.net. You will receive an invoice via e-mail sent through our website, www.MCDR.org. Payment must be made through the website and received at PayPal prior to your Certification day.

Payment can be made using **cash \$US** paid to the Chair of the MCDR Certification Committee. A cash receipt will be issued.