



# American Academy of ADR Attorneys

## APPLICATION FOR BOARD CERTIFICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone/Fax Numbers \_\_\_\_\_

Email address \_\_\_\_\_

(1) Mediation Training (please attached syllabus of the course you attended)

Sponsor (name & address) \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

(2) Mediation Experience

*On a separate sheet, please list at least twenty-five mediations in which you have participated as a mediator. To preserve the confidentiality of the parties, mediations may be identified by date, location, initials of the principal parties, and names of the attorneys, if any, who were involved.*

(3) Recommendations

*Please attach written letters of recommendations from a board certified mediator and three attorneys or participants who have been involved in at least one mediation conducted by the candidate:*

Board Certified Mediator \_\_\_\_\_

Lawyers/Participants (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(4) Please make check payable to AAAA for \$200, and mail with completed form to:

AAAA  
200 W 2<sup>nd</sup> Avenue, Suite 1  
Indianola, IA 50125

P: 515.442.2451 \* F: 866.442.6751

E: [aaaa@assocserv.com](mailto:aaaa@assocserv.com) \* W: [www.academyofadrattorneys.com](http://www.academyofadrattorneys.com)