



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
2500 W. 2nd Avenue, Suite 13
Indianola, IA 50125

P: 515.442.2451 * F: 866.442.6751

E: aaaa@assocserv.com * W: <http://www.academyofadrattorneys.org>