



New Jersey Association of Professional Mediators

26 Park Street, Suite 2041, Montclair, New Jersey 07042 (800) 981-4800

Application for Accreditation Business and Commercial (Civil) Mediator Accreditation

Please complete application in its entirety. If a question does not pertain to you, please indicate it's not applicable, "N/A" rather than leaving it blank. Kindly provide full information and complete documentation as requested. Applications deemed incomplete will not be processed.

Section I. Information

Please PRINT or attach your Business Card

Full Name: _____

Firm/Organization: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

Business Fax No. _____

Business Email: _____

Home Address: _____

City, State, Zip: _____

Home Phone or Cell: _____

Home Fax No. _____

Home Email: _____

Section III. Professional Licenses

What professional licenses do you hold or have you held?

Description	Issued by (state)	Date first Issued	Current Status
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Section IV. Professional License Inquiry, Standing and Moral Turpitude

1. Has your license to practice any profession ever been suspended or revoked? No___ Yes ___*
2. Have you been disciplined by a licensing board or professional organization? No ___ Yes ___*
3. Are you aware of any pending disciplinary action against you? No___ Yes ___*
4. Are you currently the subject of an ethics complaint? No ___ Yes ___*
5. Have you ever been convicted of or pleaded to a crime? No ___ Yes ___*
6. Have you ever had or have pending any litigation against you alleging fraud, misrepresentation, misappropriation, conversion, theft or professional malpractice? No ___ Yes ___*

*If you answered yes to any of the above questions, please provide the details below and attach all documentation related to the matter.

Section V. Checklist for Required Documentation

- ___ Undergraduate Education copy of Diploma or Transcript
- ___ Graduate Education copy of Diploma or Transcript or Waiver
- ___ Professional License photocopy
- ___ Proof of Current Status of Professional License photocopy
- ___ Professional Experience Resume, Curriculum Vitae or Summary
- ___ Mediation Training Certificate of Completion pursuant to Court Rule 1:40-12(b) or 18 hr.
- ___ Proof of additional Mediation Training Certificates of Completion or curriculum listings
- ___ Proof of Current Malpractice Liability Insurance, if applicable
- ___ Copy of Agreement to Mediate or other retainer used with mediation clients
- ___ References – Submit four (4) references familiar with your mediation work using approved reference statement
- ___ Signed Application and Certification

Submit Four (4) sets of copies of the following documents; make sure your name and/or any other identifiers are deleted so that reviewers do not know your identity:

- ___ Mediation Experience – Proof of at least fifty (50) hours of direct business and commercial mediation handling. Provide documentation listing case names, dates of mediation sessions and total hours expended on each case.
- ___ Provide summaries for at least fifteen (15) Business and Commercial (Civil) Cases (at least 10 of which must be from Law Division or equivalent cases)

Use Case Summary Form from application packet.

CERTIFICATION

1. I hereby certify that the information set forth in this application, including all documentation submitted along herewith is accurate, true and complete.
2. I affirm that I handled until completion at least fifteen (15) business and commercial (civil) mediation cases and conducted at least fifty (50) hours of business and commercial (civil) mediation. No more than five (5) of the fifteen (15) cases may come from an equivalency of Special Civil Part, Small Claims, Landlord-Tenant or Municipal Court with each case lower court case worth 1/10th of a Law Division case. At least ten (10) of the cases must be matters cognizable in the Law Division of NJ Superior Court.
3. I affirm that I have not been sanctioned or disciplined by any duly authorized enforcement agency or licensing and/or disciplinary authority, except as noted in Section IV.
4. I affirm that I have not been convicted of a crime, except as noted in Section IV.
5. I have read and hereby agree to abide by *The New Jersey Association of Professional Mediators Standards of Conduct for Mediators* as revised.
6. I understand that providing intentionally inaccurate information, misleading information, withholding information or presenting materially false information is grounds for not awarding accreditation status and may result in suspending or revoking an accreditation award already presented, as well as suspension or revocation of NJAPM membership.

Signature _____ Date _____