



## New Jersey Association of Professional Mediators

### Application for Accreditation

\_\_\_ BUSINESS AND COMMERCIAL (B&C)

\_\_\_ DIVORCE AND FAMILY (F&D)

NJAPM General members seeking accreditation are invited to complete this application and return it along with a non-refundable application fee of \$80 and copies of requested documentation to:

NJAPM, 1 AAA Drive, Suite 102, Trenton, New Jersey 08691

Web Site: [www.njapm.org](http://www.njapm.org)

Phone: (800) 981-4800

Email: [inform@njapm.org](mailto:inform@njapm.org)

Visit our web site for more information; write, call or e-mail us with your questions

**SUBMIT FIVE (5) COPIES OF THIS ENTIRE APPLICATION AND SUPPORTING DOCUMENTATION TO NJAPM**

(Please be sure to make and keep a copy of this application and supporting documentation for your own files)

**Please PRINT or attach your Business Card**

Full Name, degrees: \_\_\_\_\_

Title, Organization: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business City, State, Zip \_\_\_\_\_

Business County: \_\_\_\_\_

Business Phone + Fax : \_\_\_\_\_

Business Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, Zip \_\_\_\_\_

Home County: \_\_\_\_\_

Home Phone + Fax : \_\_\_\_\_

Home Email: \_\_\_\_\_

**Photocopies of the following documentation (and a narrative statement about items for which there is no documentation) MUST be submitted with your application.** Please carefully read the attached Standards for Accreditation to understand the requirements for accreditation and the documentation that you must submit.

NJAPM Requirement	Documentation Requested From Applicant	4
1. Undergraduate Education	Transcript or diploma	
2. Graduate Education/Licenses		
a. JD or LLB	Transcript, diploma or current license to practice	
b. Mental Health	Transcript, or current license to practice	
c. MBA, CFA, or CPA	Transcript, diploma, or current license to practice	
d. Other (specify)	Transcript, diploma, or current license to practice	
3. Professional Experience	Summary, Resume, CV	
4. Mediation Training & Internships	Certificate(s) of completion (we may ask for a curriculum)	
5. Mediation Experience	15 case summaries (B&C and F&D), or 4 MOUs (F&D only), or Advanced Practitioner certificate from ACR (F&D only)	
6. Child Support Guidelines (F&D only)	1 example of NJ Child Support Worksheets (F&D only)	
7. References	From 4 people familiar with your other professional and/or your mediation work	

*NJAPM Application for Accreditation, Continued on Next Page*

Education/Training	Institution/Location	Degree	Year
Undergraduate			
Post-Graduate/Other			
Mediation Training			
Divorce & Family			
Domestic Violence			
Business & Commercial			
Other:			

**What professional licenses do you hold or have you held?**

Description	Issued by (state)	Date first Issued	Current Status

Please list any mediation credentials (certifications, accreditations, etc.), which you hold, including any mediation panel memberships.

**Certifications**

**I have enclosed my non-refundable application fee of \$80 along with all required documentation.** I hereby certify that the information set forth in this application, including all attached documentation, is true and complete. I have read and hereby agree to abide by the Code of Professional Ethics for the Practice of Mediation in New Jersey, as adopted and promulgated by the New Jersey Association of Professional Mediators.

In New Jersey or any other jurisdiction:

- |   |   |                 |                 |
|---|---|-----------------|-----------------|
| 1 | Has your license to practice any profession ever been suspended or revoked?       | <u>        </u> | <u>        </u> |
| 2 | Have you ever been disciplined by a licensing board or professional organization? | <u>        </u> | <u>        </u> |
| 3 | Are you currently the subject of an ethics complaint?                             | <u>        </u> | <u>        </u> |
| 4 | Have you ever been convicted of or pleaded guilty to a crime or misdemeanor?      | <u>        </u> | <u>        </u> |
| 5 | Are you aware of any pending disciplinary action against you?                     | <u>        </u> | <u>        </u> |
| 6 | Are you requesting waiver(s) of any of the requirements for accreditation?        | <u>        </u> | <u>        </u> |

*\*If yes, please provide explanations on a separate sheet of paper. If yes for Question 6, please identify the requirement(s) which you request be waived, and the reasons why the Board should grant such a waiver. Note that a "yes" to any of the above questions will **not** automatically disqualify you from earning accreditation.*

**I affirm that I completed at least 15 cases and 100 hours of mediation in the area I am applying for accreditation.** I hereby certify that at least 80% of these cases were mediated face-to-face with the parties, and that no more than 48 of the hours are from an approved practicum, internship or co-mediation arrangement.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Please note that:

1. Accreditation will not normally be granted to anyone who is at the time of the accreditation date under sanctions or exclusion by any duly authorized enforcement agency or licensing and or disciplinary authority.



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2. Providing incorrect information, withholding information, or presenting materially false information is grounds for not awarding the Accredited Professional Mediator (APM) designation, or suspending/revoking an award already made.

Form Approved by Accreditation Committee - 11/12/03; Form Approved by the Board – 12/2/03