

**APPLICATION FOR ACCREDITATION OF CONTINUING MEDIATION EDUCATION "CME" ACTIVITY**

**PARTICIPANTS & SPONSORS:** USE THIS FORM TO APPLY FOR CME CREDIT

RETURN TO:

**INDIANA COMMISSION FOR CONTINUING LEGAL EDUCATION**

30 South Meridian Street, Suite 950

Indianapolis, IN 46204-3564

Phone: (317) 232-1943

Fax: (317) 233-1442

[www.in.gov/judiciary/cle](http://www.in.gov/judiciary/cle)

**Note this form may be used by an individual or sponsor. Sponsors must submit applications 30 days before a course is presented. Individuals may apply for accreditation up to thirty (30) days after the course.**

Course No. \_\_\_\_\_  
NOTICE OF DECISION  
(To be completed by the office)

The following action has been taken on this application:

APPROVED for \_\_\_\_\_ CME credits  
 ACCREDITATION DENIED. Reference \_\_\_\_\_  
 RETURNED for more information. Please complete each item on this form indicated by the number(s) circled:  
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17  
18 19 20 21 22  
 REFERRED to meeting on \_\_\_\_\_  
 Please see attached materials.

Date \_\_\_\_\_ Staff \_\_\_\_\_

1. Name, address, phone, website, fax and e-mail of **organization** providing or sponsoring the activity:

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- 
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Name, address, phone, fax and e-mail of **applicant** (if different from organization)

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- 
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2. Title of course \_\_\_\_\_

3. Date(s) and location(s) (Building, City, State) (applicant must provide this information to have course reviewed) \_\_\_\_\_

4. Writing surface available? \_\_\_\_ Yes \_\_\_\_ No

5. Is course site accessible to persons with disabilities? \_\_\_\_ Yes \_\_\_\_ No

6. Check all that apply regarding the course:

- |                                |   |  |
|--------------------------------|---|--|
| ____ Self study                | ____ On-line                                    | ____ Mediator or neutral audience (majority) ____% |
| ____ By telephone              | ____ Video tape                                 | ____ Audio tape                                    |
| ____ Discussion leader present | ____ Attendance monitored                       | ____ Classroom situation                           |
| ____ Live presentation         | ____ Away from Mediator's office                | ____ In-house                                      |
| ____ Interactive               | ____ Academic or governmental mediator audience |  |

*To be approved courses must provide a discussion leader or two-way communications, classroom setting away from mediators' offices, and an opportunity to ask questions. Attendance also must be monitored at the course site. Alternative Dispute Resolution Rule 2.5 (E)*

7. Advertised to \_\_\_\_ mediators \_\_\_\_ lawyers \_\_\_\_ others – specify: \_\_\_\_\_

8. List any admission restrictions: \_\_\_\_\_

9. Is this course primarily designed for the exclusive benefit of mediators employed by a private organization or mediation firm? (Is this an in-house course?)

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

10. Number of attendees from outside the sponsors' organization as compared to the total number of attendees: \_\_\_\_ to \_\_\_\_

11. Describe how this course will make a significant contribution to the professional competency of mediators who attend. \_\_\_\_\_

12. Describe how this course addresses matters related directly to the practice of alternative dispute resolution and the professional responsibility of neutrals. \_\_\_\_\_

13. Is this course directed to elementary, high school or college student neutrals? \_\_\_\_ Yes \_\_\_\_ No (Note: if yes, the Commission will not approve as CME)

14. Method of evaluation \_\_\_\_ participant critique \_\_\_\_ independent evaluator \_\_\_\_ none \_\_\_\_ other

15. If credit is requested for a luncheon, how many minutes will the presenter speak? \_\_\_\_\_

16. Description of materials to be distributed: total pages \_\_\_\_ When are materials distributed? \_\_\_\_ before program \_\_\_\_ after program

17. For sponsor: Total MINUTES of instruction (excluding breaks, meals, introductory remarks and business meetings) \_\_\_\_\_

18. For participant: Total MINUTES of substantive CME instruction attended (excluding breaks, meals, introductory remarks, and business meetings) \_\_\_\_\_

19. Has the Commission previously approved this course? \_\_\_\_ Yes \_\_\_\_ No If yes, dates of course \_\_\_\_\_

**20. ENCLOSURES REQUIRED**

- brochure or course outlines/schedule and course description (you must include a breakdown of time spent on each topic)

- table of contents or equivalent

- faculty name(s) and credentials (if not in brochure or description)

\* - personal affidavit of attendance by mediator – for mediator applicant only (below)

- certification of attendance by sponsor (on sponsor standard form or letterhead)

**21. SPONSOR ACKNOWLEDGMENT (For Sponsor Applicant Only)**

The applicant acknowledges that the Commission may later require submission of copies of course materials distributed in connection with this program. The applicant acknowledges that this course (will be) (was) open to the Commission for observation. The applicant will provide the Commission with certification of attendance of all Indiana mediators who attended within thirty days following the course. This certification will be under oath and on applicant's letterhead or standard form.

I affirm, under the penalties for perjury, that the foregoing representations are true.

\_\_\_\_\_  
Printed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\* 22. PERSONAL AFFIDAVIT OF ATTENDANCE (For Mediator-Attendee Applicant Only)**

I, \_\_\_\_\_, hereby swear or affirm that I attended the above course and claim that I am entitled to \_\_\_\_\_ CME minutes.

I affirm, under the penalties for perjury, that the foregoing representations are true.

\_\_\_\_\_  
Printed Name and Attorney or Mediator Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature