

# Mediation Expert Application for Supreme Court Certification

Return form to:  
Indiana Commission for Continuing Legal Education  
30 S. Meridian Street, Suite 950  
Indianapolis, IN 46204

Name:

Address:

City State Zip Code

Telephone: Fax:

Email Address

I am applying to be a certified expert to teach in the following subjects:

**Domestic Relations:**

- Psychological Issues in Domestic Relations Litigation and Mediation
- Communications Skills and Knowledge
- Interpersonal Dynamics
- Issues Concerning Needs of Families over Time
- Special Considerations When Mediating Cases with Domestic Violence

**Expert Qualifications**

**List classes taught in behavioral, social science, communication, or mediation fields**

COURSE NAME	YEAR	LOCATION

**All Post-Secondary Education**

DEGREE AND INSTITUTION	YEAR OBTAINED	MAJOR AREA

**Professional Licenses**

TYPE	STATE AND DATE ISSUED	LICENSE NUMBER	CURRENT STATUS

Have you been subject of any disciplinary action affecting your professional license(s)?      Yes  
No

If yes, please explain the outcome and current status:

List your experience in the behavioral, social science, communication or mediation fields

List any research and writing in the behavioral, social science, communication or mediation fields

I request the Commission for Continuing Legal Education share this information with Mediation Training Providers.

Yes  
No

I affirm under penalties of perjury that the foregoing is true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY	
DATE RECEIVED BY COMMISSION _____	
<input type="checkbox"/> Further information needed	
<input type="checkbox"/> Refer to meeting	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
DATE ACKNOWLEDGEMENT LETTER SENT	INITIALS