Sharing Neutrals: A Federal Interagency Collaborative Effort in Support of ADR

LEAD MEDIATOR PROFILE

	Name		Position:	
			ederal Agency, Compor	nent:
-		Work Addre	ess:	_
Phone Nu	mber:	Fax:	E-Mail Address:	
Su	ıpervisor = s Name	and Phone Num	nber:	
Types of course	es completed, trai	iner/organizatio	ce: (documentation requ	nours):
Number of me	ediating/co-media	ating conducted.	Experience with other	ADR processes
(e.g., early neu	tral evaluation, in	iterest-based ne	gotiation):	

Related Experience and Skills:

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Other relevant experience (e.g., education, work or job-related, volunteer):
_
Other skills that could aid you in a mediated/facilitated process (e.g., foreign language,
sign language):

Documentation (required for registration)

- 1. Attach evidence of ADR training and of completion of five (5) mediating or three (3) co-mediating performed with a mentor mediator.
- 2. Attach two (2) letter s of recommendation related to your performance as a dispute resolver/mediator. Letters should include signer's contact information.
- 3. Fax all application documents to 202-565-0223:
 Neil Kaufman, Chief, ADR Division, HHS, Departmental Appeals Board

Certification

I hereby certify that the information provided in this form or annexed hereto is true to the best of my knowledge and accurately reflects my qualifications to serve as a mediator for Sharing Neutrals.

I agree that acceptance of assignments through Sharing Neutrals will not interfere with my regular job responsibilities and that I will keep my supervisor informed of my dispute resolution work.

I agree to follow Sharing Neutrals Procedure, including notifying Sharing

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Neutrals when I am selected for a case, keeping Sharing Neutrals advised of the status of the case, and assuring that evaluation forms and case closing forms are referred to Sharing Neutrals.

I agree to keep my conflict resolution skills updated.

Furthermore, I hereby agree that if any problem arises related to my involvement as a neutral or any representations I have made related to this program, it shall be resolved by the Sharing Neutrals Program administrators, whose determination shall be final on all maters.

I have read the Sharing Neutrals Standards of Practice and agree to abide by all such Rules when I am asked to act impartially.

Signature of Applicant	Date

The information provided herein will be used only for program administration purposes by Sharing Neutrals.

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S.N. Lead Mediator.Profile. Application Revised April, 2002