

Wisconsin Association of Mediators

Initial Application for Designation as a WAM Practitioner Mediator

Covering the period of today's date through December 31, 2010

Return completed application to Wisconsin Association of Mediators, P.O. Box 44578, Madison, WI 53744-4578

Name: _____ Organization: _____

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Email: _____

By signing and submitting this application for status as a Practitioner Mediator designation from the Wisconsin Association of Mediators (WAM), I understand that: 1.) my enclosed check for the \$50 application fee is **in addition** to my annual WAM membership dues; 2.) renewal of my designation after the first year will be in the amount of \$35 per year (**concurrent years only**) and will require evidence of 15 hours of continuing education per three year period. I attest that I have fulfilled all of the following requirements (**all must be checked/ provided**):

- I am a **current** WAM member I have enclosed a check in the amount of \$50 made out to: WAM
- I have enclosed a copy of at least 40-hours of accumulated mediation training documentation
- I have a current malpractice liability policy that covers all venues in which I practice.**

Check **ONE** of the following only:

- I am a current WAM member, and within the preceding three (3) years I have completed a minimum of forty (40) hours of mediation training that addresses WAM's Model for Basic Mediator Training; AND, either within the preceding two (2) years I have mediated twenty cases (not to include training role plays), OR have engaged in a minimum of 80 hours of mediation.
- I am a current WAM member, and I have completed a minimum of forty (40) hours of mediation training that addresses WAM's Model for Basic Mediator Training; AND either within the preceding five (5) years I have mediated fifty (50) cases, OR have engaged in a minimum of 200 hours of mediation.

I attest that, unless explained in attached documentation, I have not been a respondent in or convicted as a result of a professional liability claim. I have read and agreed to abide by WAM'S Ethical Guidelines For The Practice of Mediation. To my knowledge, the answers and information which I have supplied in connection with this application, are true and complete. I understand that the determination as to whether I am approved as a WAM Practitioner Mediator depends on the truth or completeness of my answers set forth in the application and any attached materials. I understand that whether I continue to be qualified depends on my remaining a member of WAM in good standing, meeting the Association's current continuing education requirements, and reflecting the WAM ethical guidelines.

Signature _____ Date _____

**Liability coverage must be appropriate for all of the venues in which you practice. For example a mediator may be covered by multiple policies such as a Community Mediation Center's coverage and by additional coverage that protects her/his private practice.

SEE FOLLOWING PAGE FOR IMPORTANT INFORMATION

Disclaimer for Practitioner Mediator Designation.

The Wisconsin Association of Mediators (WAM) has created the designation of Practitioner Mediator as an indication of a member meeting a minimum standard of training and experience. Members attest to completing at least 40 hours of mediation training and mediating at least 20 cases or engaging in at least 80 hours of mediation. Members seeking this designation must maintain malpractice liability coverage for all venues in which they practice. They also agree to abide by the Association's Ethical Guidelines for the Practice of Mediation. Practitioner Mediators must complete at least 15 hours of continuing education every three years to maintain this designation.

The Association does not evaluate the training nor monitor the competency of mediators in any way. The Association is not responsible for the accuracy of the information provided. The Association recommends that persons interested in hiring a mediator follow our "Guide to Selecting a Mediator" to help them make an informed selection.