

Wisconsin Association of Mediators
Initial Application for Designation as a WAM Practitioner Mediator
Covering the period of today's date through December 31, 2017

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 (\$75); 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
OR \$125 for both dues and practitioner status
- 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