



FLORIDA ACADEMY OF PROFESSIONAL MEDIATORS, INC.

Serving Mediation Since 1988

APPLICATION FOR INITIAL DIPLOMATE MEMBERSHIP

(Please print or type)

Date: _____

Name: Last : _____ First: _____ Middle: _____

Business Name: _____ Website: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

My practice of mediation is *primarily* in the following circuits: ____ ☐ All

Accounting/Finance	Administrative Law	Agribusiness	Antitrust
Appellate	ADA	Aviation	Banking
Bankruptcy & Credit	Business/Commercial	Civil Rights	Class Action/Mass Tort
Construction	Construction Defect	Dispute Systems Design	Education/Schools
Employment	Energy/Utility	Engineering & Construction	Engineering (Mechanical)
Entertainment & Sports	Environmental	Estate/Probate/Trusts	Family Law
Federal	Financial Markets	Franchise	Governmental/Public Agency
Healthcare	Insurance	Intellectual Property	International
Maritime/Admiralty	Personal Injury/Torts	Professional Liability	Real Property
Securities	Settlement	Special Master/Discovery	Surety

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P.O. Box 812552 Boca Raton FL 33481-2552



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	Master/Omsbud	Referee	
Telecommunications	Tribal (Native American)	Utility (See Energy/Utility)	Worker's Comp

I have been certified as a mediator as required by the Florida Rules for Certified Mediators for the following areas of practice: ☐County ☐Circuit ☐Family ☐Dependency ☐Appellate
Certificate Number: _____

In addition to English, I am proficient in the following languages: _____

I mediate in the following areas: (Circle up to three)

2018-2019 MEMBERSHIP DUES, if accepted as Diplomate - \$100.00

Diplomate applicants must meet all the following minimum requirements:

1. Applicant must have been continuously certified for a minimum of three years as a mediator as required by the Florida Rules for Certified Mediators and pursuant to those rules has been certified as a County Court, Circuit Civil, Family and/or Dependency Mediator, AND
2. Applicant must have at least 150 mediations in area(s) of certification since becoming certified, AND
3. Applicant must have completed no less than 25 live hours of Continuing Mediation Education (CMEs) within the 2 years preceding the date of this application beyond any mediation certification program, even if in an additional area of certification, or conducted such courses in a Florida Supreme Court approved or Florida Bar approved mediation training course or seminar. **Requirements must be consistent with AOSC11-1 with a minimum fifty percent of required CMEs satisfied by live attendance, not as a lecturer or presenter, AND**
4. Applicant must have been a member in good standing of the Florida Academy of Professional Mediators ("The Academy") for a minimum of two consecutive years.

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ANYONE WHO HAS BEEN FOUND GUILTY OF A FELONY AND WHOSE CIVIL RIGHTS HAVE NOT BEEN RESTORED OR WHOSE PROFESSIONAL LICENSES HAVE BEEN SUSPENDED OR REVOKED AND HAS NOT BEEN REINSTATED MAY NOT HOLD MEMBERSHIP IN ANY CLASS OF MEMBERSHIP TO THE ACADEMY.

No member shall represent having the Diplomate status until the Diplomate Committee has advised that member's application and requirements have been reviewed and approved. An Induction Ceremony shall take place during the Dispute Resolution Center's Annual Conference or at a time announced by The Academy. No member shall use the designation of Diplomate until after such time as he or she is duly sworn in. Further, in order to retain one's Diplomate status, one must remain a member in good standing of The Academy and complete a minimum of 25 hours of qualified Continuing Mediation Education (CMEs) bi-annually including the CMEs required by the Florida Supreme Court.

APPLICANT OATH

As a member of the Florida Academy of Professional Mediators, I hereby subscribe to the goals, purposes and principles of The Academy and shall strive for the highest ethical standards of professional conduct. I understand that any failure to remain a member in good standing would result in the revocation of my Diplomate status, if conferred. I hereby certify that all information supplied above is correct and would submit to an audit of mediation and CME records, if requested.

Applicant's Signature: _____

Date: _____

FOR INTERNAL USE ONLY

APPLICATION RECEIVED DATE: _____

REVIEW COMPLETION DATE: _____

APPROVED: _____

DENIED: _____ REASON: _____

CHAIR SIGNATURE: _____

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