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|------------------------|--------------------|
| Applicant Name: | Bar Number: |
| Email: | |

Please Check One:

| | |
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| <input type="checkbox"/> | <p>INCLUSION: I am applying for inclusion on the List for the first time and I have taken an initial course of at least fourteen (14) hours of mediation related training, approved by the Mississippi Commission on CLE; and understand that in order to remain on the List, I must complete an additional six (6) hours of mediation related continuing education every two (2) year period following my initial inclusion on the List. My fourteen (14) hours of training was completed with:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-bottom: 1px solid black; padding-bottom: 5px;">CLE Provider Name</div> <div style="width: 35%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> </div> |
| <input type="checkbox"/> | <p>RE-CERTIFICATION: I am a current member and am recertifying/paying my annual fee. I acknowledge that I must obtain six (6) hours of mediation approved credits every two (2) years. My most recent training was completed with:</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; border-bottom: 1px solid black; padding-bottom: 5px;">CLE Provider Name</div> <div style="width: 20%; border-bottom: 1px solid black; padding-bottom: 5px;">Date</div> <div style="width: 30%; border-bottom: 1px solid black; padding-bottom: 5px;">Hours</div> </div> |

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| <input type="checkbox"/> | I am a member in good standing of The Mississippi Bar. |
| <input type="checkbox"/> | I am familiar with and will adhere to the Court Annexed Mediation Rules of Civil Litigation. |
| So certified this the _____ day of _____, 20____. | |
| Applicant Signature: | |

The Mississippi Bar
Attn: Mediators Directory
Post Office Box 2168
Jackson, MS 39225-2168