

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

**LEAD MEDIATOR PROFILE**

Name \_\_\_\_\_ Position:

\_\_\_\_\_ Federal Agency, Component:

\_\_\_\_\_

Work Address:

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

\_\_\_\_\_ Supervisor's Name and Phone Number: \_\_\_\_\_

\_\_\_\_\_

**Dispute Resolution Training and Experience:** *(documentation required-see p.2)*

Types of courses completed, trainer/organization, length of class (days/hours):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of mediating/co-mediating conducted. Experience with other ADR processes (e.g., early neutral evaluation, interest-based negotiation):

\_\_\_\_\_  
\_\_\_\_\_

**Related Experience and Skills:**

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Other relevant experience (e.g., education, work or job-related, volunteer):

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Other skills that could aid you in a mediated/facilitated process (e.g., foreign language, sign language):

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**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) letters 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 matters.**

**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*