

**Application for Inclusion/Re-Certification on the List of Court Annexed Mediation Directory**

The undersigned does hereby make application for inclusion or re-certification on the Directory of Court Annexed Mediators, and certifies as follows:

1. I am a member in good standing of The Mississippi Bar,
2. To remain on the directory, I acknowledge I will be billed the list fee of \$50 every January.
3. (Check one)
  - a. \_\_\_\_\_ I am applying for inclusion on the List for the first time and I have taken an initial course of at least 14 hours of mediation related training, approved by the MS Commission on CLE; and understand that in order to remain on the List, I must complete at an additional six (6) hours of mediation related continuing education every two (2) year period following my initial inclusion on the List. My 14 hours of training was completed at:

CLE provider name	Date	Hours

- b. \_\_\_\_\_ I am a current member and am recertifying/ paying my annual fee. I acknowledge that I must obtain six (6) hours of mediation approved (by the MS Commission on CLE) credits every two (2) years. My most recent six (6) hours of training was completed at:

CLE provider name	Date	Hours

4. I am familiar with and will adhere to the Court Annexed Mediation Rules of Civil Litigation,
5. Enclosed is my check in the amount of \$50.00 made payable to The Mississippi Bar to cover the list maintenance fee.

So certified this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Applicant's Signature	MS Bar Number
Applicant's Name: _____	
Firm/Company: _____	
Address: _____	
E-mail: _____	

Please return this form along with your \$50.00 payment to:

The Mississippi Bar  
Mediation Directory  
P O Box 2168  
Jackson, MS 39225-2168