



THE MISSISSIPPI BAR

## Annual Application for Inclusion/Re-Certification in the 2025 Court Annexed Mediation Directory

|                        |                    |
|------------------------|--------------------|
| <b>Applicant Name:</b> | <b>Bar Number:</b> |
| <b>Email:</b>          |                    |

*I hereby make application for inclusion or re-certification in the Directory of Court Annexed Mediators and certify as follows:*

**Please Check One:**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <p><b>INCLUSION:</b> 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> <p>_____</p> <p>CLE Provider Name <span style="float: right;">Date</span></p> |
| <input type="checkbox"/> | <p><b>RE-CERTIFICATION:</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 credits every two (2) years. My most recent training was completed with:</p> <p>_____</p> <p>CLE Provider Name <span style="float: right;">Date</span> <span style="float: right;">Hours</span></p>  |

**Certifications:**

|  |  |
|--|--|
| <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:                               |  |

**Please return this completed application along with your \$50.00 payment by Wednesday, April 16, 2025, to:**

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