



Provider Application Form

Applicant Name: _____ Male Female

Website: _____

Credentials

JD Completed Mediation Training – No. of Hours _____

Licensed Mental Health Clinician - Type _____

Other _____

Service Address

Primary Office Handicap Accessible: Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Availability: Daytime Early Morning Evening Saturday Sunday

Secondary Office (If Applicable) Handicap Accessible: Yes No

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Availability: Daytime Early Morning Evening Saturday Sunday

Mailing/Billing Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Mediation Malpractice insurance Information

Insurer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Policy Number: _____ Exp. Date: _____

Education

Highest Level Achieved

Degree: _____ Year of Graduation: _____

Institution: _____

City/State: _____

Mediation Training:

Type or Title: _____ Hours: _____

Institution: _____

City/State: _____ Date: _____

Have you had 40 hours of Domestic Violence Training? Yes No

License Information (If Applicable)

Attorney

Attorney Registration Number: _____

Year of Admission to the Bar: _____ State: _____

Currently Licensed: Yes No Arbitrator? Yes No

Mental Health Clinician

License Type & State: _____ Date First Issued: _____

License/Certification #: _____ Exp. Date: _____

Currently Licensed: Yes No

Mediation Specialties (check all disputes that you *are willing* to mediate)

- Business
 - Commercial/Business Litigation
 - Franchise
 - Intellectual Property
 - Organizational
 - Partnership
 - Patent
 - Technology
 - Uniform Commercial Code (Sales/Securities)
- Civil (General)
- Contract
 - Artist Contract
 - Commercial
 - Construction
 - Employment
 - Entertainment
 - Insurance
 - Professional Fees
 - Contracts (General)
- Criminal
 - Adult Criminal Matters
 - Juvenile Delinquency
 - Victim - Offender
- Education
 - IEP
 - Special Education
 - Education (General)
- Employment
 - EEOC
 - Labor - Management
 - Sexual Harassment
 - Work Place
 - Workers Comp
 - Wrongful Discharge
 - Employment (General)
- Torts
 - Aviation
 - Legal Malpractice
 - Medical Malpractice
 - Personal Injury
 - Premises Liability
 - Products Liability
 - Professional Malpractice
 - Toxic
 - Other Torts
- Family & Elder
 - Adoption
 - Adult Family Disputes
 - Child Support
 - Custody
 - Divorce
 - Elder Issues
 - Estate Planning
 - Guardianship/Conservator
 - Health Care
 - LGBT Issues
 - Military Divorces
 - Paternity
 - Probate
 - Property Division
 - Social Security
 - Trust Management
 - Visitation
 - Other Family/Elder Issues
- Mortgage
- Property
 - Boundary Disputes
 - Covenants
 - Land Use
 - Landlord – Tenant
 - Ownership
 - Real Estate
 - Securities
 - Zoning
- Tax
 - Business
 - Estate and Gift
 - Individual
 - Taxpayer Issues/Liability
 - Other Tax Issues
- Other
 - ADA Compliance
 - Administrative
 - Civil Rights
 - Community
 - Congregational
 - Environmental
 - International
 - Native American
 - Religious Issues
 - _____
 - _____
 - _____

How would you identify yourself? (optional)

- African American Native American/American Eskimo
- Asian Latino/Hispanic Indian
- Middle Eastern Caucasian Multi-Racial
- Other Ethnicity: _____

Languages Other than English

- Arabic Chinese Dutch Farsi
- French German Hebrew Hindi
- Italian Japanese Korean Polish
- Portuguese Russian Sign Language (ASL) Spanish
- Swedish Other: _____

Services

Registration/Certification

If applicable, are you registered or certified by a State or court system for mediation services?

- Domestic Relations Mediation yes no
- Civil Mediation yes no
- Other _____

I am Available to Provide On-Site Trainings/Seminars in the Following Areas:

- Conflict Resolution Dealing with Difficult People
- Divorce & Separation Managing Workplace Violence
- Other Topics of Interest: _____

Typical Fees Charged for Mediation

- Civil _____
- Domestic Relations _____
- Workplace _____

Additional Optional Information:

At times a client may request a mediator who is sensitive to their specific religious background. Please indicate if you would like to be considered as affiliated with any of the following faiths, *only* if specifically requested by a client:

- Christian Jewish Muslim Other _____

Professional References

Please provide the names and contact information of three professional references:

Reference 1

Name: _____ Relationship: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Reference 2

Name: _____ Relationship: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Reference 3

Name: _____ Relationship: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Disclosure Questions

Answer all questions. For any "Yes" response, provide an explanation on a separate sheet of paper.

A criminal record will not necessarily be a bar to acceptance. Decisions will be made on a case by case basis by CFR.

- | | | | | |
|-----|---|-----|----|----|
| 1. | Has your license, registration or certification to practice in your profession, ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? | Yes | No | NA |
| 2. | Has there been any challenge to your licensure, registration, or certification? | Yes | No | NA |
| 3. | Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any employee assistance program or managed care organization (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? | Yes | No | NA |
| 4. | Were you ever placed on probation, disciplined, formally reprimanded, suspended, or asked to resign during an internship, residency, fellowship, or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended, or asked to resign? | Yes | No | NA |
| 5. | Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, clerkship, or other clinical/practice education program? | Yes | No | NA |
| 6. | Are you currently the subject of an investigation by any licensing authority, education or training program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offense or sexual misconduct? | Yes | No | NA |
| 7. | Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies? | Yes | No | NA |
| 8. | Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action for sexual harassment or other illegal misconduct? | Yes | No | NA |
| 9. | Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military entity, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by any military agency? | Yes | No | NA |
| 10. | Has your professional liability coverage ever been cancelled, restricted, declined, or not renewed by the carrier based on your individual liability history? | Yes | No | NA |
| 11. | Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history? | Yes | No | NA |
| 12. | Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony? | Yes | No | NA |
| 13. | Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a legal, mental health, or mediation professional, or for fraud, an act of violence, child abuse or a sexual offense or sexual misconduct? | Yes | No | NA |
| 14. | Have you ever been court-martialed for actions related to your duties as a legal, mental health, or mediation professional? | Yes | No | NA |
| 15. | Are you currently engaged in the illegal use of drugs? | Yes | No | NA |
| 16. | Do you use any chemical substances, including alcohol that would in any way impair or limit your ability to practice mediation and perform the functions of your job with reasonable skill and safety? | Yes | No | NA |
| 17. | Are you unable to perform the essential functions of a mediator on your own? | Yes | No | NA |
| 18. | Do you have any reason to believe that you would pose a risk to the safety or well being of your clients? | Yes | No | NA |
| 19. | Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated)? | Yes | No | NA |

Authorization, Attestation and Release

I understand and agree that, as part of the Provider application process for Participation with the Center For Resolution, LLC (hereinafter, referred to as "CFR"), I am required to provide sufficient and accurate information for a proper evaluation of my current licensure, relevant training and/or experience, clinical competence, health status, character, ethics, and any other criteria used by CFR for determining initial and ongoing eligibility for Participation. CFR and its representatives, employees, and agent(s) acknowledge that the information obtained relating to the application process will be held confidential to the extent permitted by law. I acknowledge that CFR has its own criteria for acceptance, and I may be accepted or rejected by each independently. I further acknowledge and understand that my cooperation in obtaining information and my consent to the release of information do not guarantee that CFR will contract with me as a provider of services. I understand that my application for Participation with CFR is not an application for employment with CFR and that acceptance of my application by CFR will not result in my employment by CFR.

Authorization of Investigation Concerning Application for Participation. I authorize the following individuals including, without limitation, CFR, its representatives, employees, and/or designated agent(s); CFR's affiliated entities and their representatives, employees, and/or designated agents; and CFR's designated professional credentials verification organization (collectively referred to as "Agents"), to investigate information, which includes both oral and written statements, records, and documents, concerning my application for Participation. I agree to allow CFR and/or its Agent(s) to inspect and copy all records and documents relating to such an investigation.

Authorization of Third-Party Sources to Release Information Concerning Application for Participation. I authorize any third party, including, but not limited to, individuals and agencies responsible for credentials verification, corporations, companies, employers, former employers, law enforcement or licensing agencies, insurance companies, educational and other institutions, military services, medical and/or legal credentialing and accreditation agencies, to release to CFR and/or its Agent(s), information, including otherwise privileged or confidential information, concerning my professional qualifications, credentials, competence, quality assurance and utilization data, character, mental condition, physical condition, alcohol or chemical dependency diagnosis and treatment, ethics, behavior, or any other matter reasonably having a bearing on my qualifications for Participation with CFR. I authorize my current and past professional liability carrier(s) to release my history of claims that have been made and/or are currently pending against me. I specifically waive written notice from any entities and individuals who provide information based upon this Authorization, Attestation and Release.

Authorization of Release and Exchange of Disciplinary Information. I hereby further authorize any third party at which I currently have Participation or had Participation and/or each third party's agents to release "Disciplinary Information," as defined below, to CFR and/or its Agent(s). I hereby further authorize the Agent(s) to release Disciplinary Information about any disciplinary action taken against me to its participating Entities at which I have Participation, and as may be otherwise required by law. As used herein, "Disciplinary Information" means information concerning (i) any action taken by such organizations, their administrators, or their medical and/or legal or other committees to revoke, deny, suspend, restrict, or condition my Participation or impose a corrective action plan; (ii) any other disciplinary action involving me, including, but not limited to, discipline in the employment context; or (iii) my resignation prior to the conclusion of any disciplinary proceedings or prior to the commencement of formal charges, but after I have knowledge that such formal charges were being (or are being) contemplated and/or were (or are) in preparation.

Release from Liability. I release from all liability and hold harmless any Entity, its Agent(s), and any other third party for their acts performed in good faith and without malice unless such acts are due to the gross negligence or willful misconduct of CFR, its Agent(s), or other third party in connection with the gathering, release and exchange of, and reliance upon, information used in accordance with this Authorization, Attestation and Release. I further agree not to sue any Entity, any Agent(s), or any other third party for their acts, defamation or any other claims based on statements made in good faith and without malice or misconduct of such Entity, Agent(s) or third party in connection with the credentialing process. This release shall be in addition to, and in no way shall limit, any other applicable immunities provided by law for peer review and credentialing activities. In this Authorization, Attestation and release, all references to CFR, its Agent(s), and/or other third party include their respective employees, directors, officers, advisors, counsel, and agents. CFR or any of its affiliates or agents retains the right to allow access to the application information for purposes of a credentialing audit to customers and/or their auditors to the extent required in connection with an audit of the credentialing processes and provided that the customer and/or their auditor executes an appropriate confidentiality agreement. I understand and agree that this Authorization, Attestation and Release is irrevocable for any period during which I am an applicant for Participation at CFR or a member of CFR's Provider panel. I agree to execute another form of consent if law or regulation limits the application of this irrevocable authorization. I understand that my failure to promptly provide another consent may be grounds for termination or discipline by CFR in accordance with the applicable bylaws, rules, and regulations, and requirements of CFR, or grounds for my termination of Participation at or with CFR. I agree that information obtained in accordance with the provisions of this Authorization, Attestation and Release is not and will not be a violation of my privacy.

I certify that all information provided by me in my application is current, true, correct, accurate and complete to the best of my knowledge and belief, and is furnished in good faith. I will notify CFR and/or its Agent(s) within 10 days of any material changes to the information (including any changes/challenges to licenses, insurance, malpractice claims, professional complaints, discipline, criminal convictions, etc.) I have provided in my application or authorized to be released pursuant to the credentialing process. I understand that corrections to the application are permitted at any time prior to a determination of Participation by CFR, and must be submitted in writing, and must be dated and signed by me. I acknowledge that CFR will not process an application until they deem it to be a complete application and that I am responsible to provide a complete application and to produce adequate and timely information for resolving questions that arise in the application process. I understand and agree that any material misstatement or omission in the application may constitute grounds for withdrawal of the application from consideration; denial or revocation of Participation; and/or immediate suspension or termination of Participation. This action may be disclosed to CFR and/or its Agent(s). I further acknowledge that I have read and understand the foregoing Authorization, Attestation and Release. I understand and agree that a facsimile or photocopy of this Authorization, Attestation and Release shall be as effective as the original.

Name (print) _____

Signature _____ Date _____

Center For Resolution, LLC only accepts applications from individual providers, group applications will be returned.

To apply, please ensure the following is sent to CFR:

- Completed Application
- Professional References
- Resume
- Mediation Training Certificate, if available
- Proof of Mediation Malpractice Insurance
If no Malpractice Insurance is available at this time, provisional contracting can occur.
- Proof of Domestic Violence Training, if applicable
- Professional License, if applicable
- Diploma or Degree
Highest Level of Education, only
A picture of diploma or degree is acceptable
Other means of verification may be submitted in lieu of diploma/degree (such as proof of admission to bar or licensing organization that requires proof of education)
- Copy of Drivers license or State ID (Social Security Number can be crossed out)

We are not able to process incomplete applications.

Fax: (312) 264-0659
Email: mediate@centerforresolution.com
Mail: CFR Mediation
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Chicago, IL 60602