

Application for Mediator Certification Renewal

Florida Dispute Resolution Center~Supreme Court Building~500 South Duval Street~Tallahassee, Florida~32399

DRCmail@flcourts.org ~ Phone 850.921.2910 ~ Fax 850.922.9290

Certification Number (Required)

Renewal Date (Required)

Administrative Use Only
F N Q CME

Visit the link below to look up your Certification Number and Renewal Date
[Mediator Search](#)

Certification Type (Check All That Apply):

County (C)

Family (F)

Circuit (R)

Dependency (D)

Appellate (A)

Full Name (as on file with DRC)

Primary Mailing Address*

Street

County

Primary Contact Phone Numbers

City

State

Zip Code

Country

Email Address

Secondary Mailing Address

Street

City

State

Zip Code

County

Country

(If a P.O. Box is your primary, you must have a physical address as your secondary address)
**Your primary address will be listed on the Mediator Search webpage unless you check this box*

Renewal Fees**

Make your check or money order
payable to **State of Florida**

****NOTE:** For certifications that have lapsed 1-180 days, renewal fees are double the amounts listed; certifications that have lapsed 181-365 days are five times the amounts listed up to a maximum of \$750.

An application for mediator renewal will not be processed without the correct fees.

Good Moral Conduct

Please be advised that all renewals will be the subject of a background check. Please answer each question below.

- a. Have you ever been convicted of, pled guilty, or pled no contest, regardless of whether adjudication of guilt or imposition of sentence was suspended, deferred, or withheld in relation to any of the following:
- (1) a felony, misdemeanor of the first degree, or misdemeanor of the second degree involving dishonesty or false statement;
 - (2) a conviction of a similar offense described in subdivision (1) that includes a conviction by a federal, military, or tribal tribunal, including courts- martial conducted by the Armed Forces of the United States;
 - (3) a conviction of a similar offense described in subdivision (1) that includes a conviction or entry of a plea of guilty or no contest resulting in a sanction in any jurisdiction of the United States or any foreign jurisdiction. A sanction includes, but is not limited to, a fine, incarceration in a state prison, federal prison, private correctional facility, or local detention facility; or
 - (4) a conviction of a similar offense described in subdivision (1) of a municipal or county ordinance in this or any other state.
- b. Have you ever been sanctioned for a breach of ethics or unprofessional conduct by any court, administrative agency, bar association or other professional group? (**Note: if no probable cause was found, there is no need to report**).
- c. Within the last five years, have you ever been demoted, disciplined, suspended, terminated or formally reprimanded by an employer because of immoral conduct, substance abuse, sexual impropriety or abusive behavior? If so, please state the circumstances under which such action was taken, the date(s) such action was taken, the name(s) of any persons who took such action, the background and resolution of such action and relevant documentation.
- d. Have you ever applied for certification or licensure in any state as a member of a recognized profession and been denied?
- e. Have you ever had a final judgment for protection against domestic violence, dating violence or stalking entered against you?
- f. Has the incident(s) noted above been previously reported on a mediator certification application or renewal? If so, please provide the date of the application or renewal and the MQB or QCC case number. You do not need to provide any documentation previously submitted.

Date Case Number

If you answered yes to any of the above, you must provide the following information

- a) Copies of **all** documentation related to the case;
- b) A statement, sworn to be truthful, as to the circumstances surrounding the incident(s);
- c) A statement describing and a copy of the order if currently on probation;
- d) Any effort at rehabilitation; and
- e) Any other information you believe would be useful in reviewing your application.

Sworn Statement

I, _____, swear and affirm all of the following: that the information supplied on this application is correct, and that to the best of my knowledge, I qualify for the certification(s) for which I have applied. I will notify the Dispute Resolution Center (DRC), in writing, of any material change in circumstance or condition stated in the application which takes place between the initial filing of the application and the final granting or denial of certification. I understand that any omissions, falsifications, misstatements or misrepresentations of the information provided in this application, or information required to be subsequently provided, may disqualify me for certification and, if I am certified, may be grounds for discipline including decertification.

Signature of Applicant

Dated _____

NOTE: If you answer yes to any of the background questions and do not provide all copies of related information, you will be asked to furnish additional documents and sworn statements before your application will be reviewed.