SOUTH CAROLINA BOARD OF ARBITRATOR AND MEDIATOR CERTIFICATION

Full Name of Applicant *Mr. Ms. Mrs.*	**APPLICATION FOR FAMILY COURT MEDIATOR (FCM) CERTIFICATION**
Firm or office name	
Mailing Address	*Social Security No.* / *Date of Birth*
City *State* *Zip* *County*	*Telephone No.* / *Fax No.*
E-Mail Address ❑ I consent to my e-mail address being displayed on the online roster of certified neutrals.	*Web Address*

INSTRUCTIONS: *Please complete the entire application, using additional paper if necessary. You may also attach a resume. Applications must be written legibly or typewritten. Each question shall be answered responsively or shown as "not applicable." The signature of the applicant shall constitute a certification that the information furnished in the application is true and correct. Part V, Appendix G, SCACR. Return the completed application, along with application fee ($250* ***payable to the "South Carolina Bar"****), to: Board of Arbitrator and Mediator Certification, South Carolina Bar, PO Box 608,Columbia,SC 29202-0608, Attn: Bar Liaison.*

I. ADMISSIONS AND AFFILIATIONS

Check one, and provide required information:

☐ 1. I was admitted to practice law in South Carolina on _____ (must be admitted at least 3 years) and am a member in good standing of the South Carolina Bar (my SC Bar No. is _____); **or**,

☐ 2. I am admitted to practice law in the highest court of another state or the District of Columbia for at least three years and meet the following qualifications:

Courts in which admitted to practice	Date(s) of admission	Bar. No(s).
_____	_____	_____
_____	_____	_____

I am at least 21 years old; and,

I received a juris doctorate degree or its equivalent from this law school approved by the American Bar Association or the Supreme Court under Rule 402(c)(3), SCACR:

Law School	Degree	Date
_____	_____	_____; and,

I am a member in good standing in each jurisdiction where I am admitted to practice law; and,

I have not been disbarred or suspended from the practice of law, and I am not the subject of any pending disciplinary proceedings in any other jurisdiction; and,

I have not, within the last five years, been denied admission to a bar for character or ethical reasons or disciplined for professional misconduct; and,

I agree to be subject to the Rules of Professional Conduct, Rule 407, SCACR and the Rule on Disciplinary Procedure, Rule 413, SCACR, to the same extent as an active member of the South Carolina Bar; **or**,

☐ 3. I am a:

- ☐ psychologist; or
- ☐ master social worker; or,
- ☐ independent social worker; or,
- ☐ professional counselor; or
- ☐ licensed professional counselor intern; or
- ☐ associate counselor; or
- ☐ marital and family therapist; or,
- ☐ physician specializing in psychiatry

licensed for at least 3 years under Title 40 of the 1976 Code of Laws, as amended.
License number(s): _____.

Application ID: _____
(For Board use only)

II. LEGAL EXPERIENCE

Non-attorneys need not complete this Section II.

Experience in active litigation: _____ years _____ months

Summarize legal experience (including teaching) since admission to the bar, particularly in the past five years:

_____

_____

_____

_____

III. MEDIATION AND OTHER PROFESSIONAL EXPERIENCE

Mediation experience:

_____

_____

_____

Membership and positions held in bar, alternative dispute resolution (ADR) and professional associations:

_____

_____

_____

Number of mediations conducted as neutral: _____ . Number of mediations attended: _____ .

IV. MEDIATION TRAINING

☐ 1. I am familiar with the statutes, rules and practice governing mediation settlement conferences in South Carolina.

☐ 2. I am familiar with the statutes, rules and practice concerning family and related law in South Carolina.

☐ 3. I am familiar with the South Carolina Standards of Conduct for Mediators.

4. ☐ (a) I have completed a minimum of 40 hours in a family court mediation training program approved by the South Carolina Board of Arbitrator and Mediator Certification. See S.C. Court-Annexed ADR Rules 19 and 20. **(Attach a copy of your certificate of completion or other proof of training and describe here.)**

Program Title (Be exact)	*Date Started and Completed*	*Sponsor/Training Conducted By*

or ☐ (b) I have completed the following mediation training which has not been approved previously by the Board, or was attended in another state or was attended prior to March 15, 1996:

Course Provider	Course Content	Date	Place	No. of Hours

To demonstrate that this training substantially complies with the standards set forth in Rule 19, I submit with this application:

a. a detailed agenda for the course, including length of time spent on each subject;
b. a list of instructors, including their qualifications and/or vita;
c. a certificate of completion or other proof of training; and
d. current contact information for the sponsor of the training.

By signing and submitting this application, I authorize the sponsor to release to the Board and South Carolina Bar any information regarding this course and my attendance that the Board or Bar might request with respect to this application, and agree to supplement this application as requested.

☐ 5. Other Mediation or ADR Training:

Course Provider	Course Content	Date	Place	No. of Hours

V. CHARACTER

1. AUTHORIZATION AND RELEASE

☐ (a.) ATTORNEY/JUDGE APPLICANTS: I hereby authorize and request that the South Carolina Bar, South Carolina Commission on Lawyer Conduct, South Carolina Commission on Judicial Conduct, South Carolina Bar Admissions Office, and/or the bar admissions and disciplinary agencies of this or any other state, provide to the South Carolina Board of Arbitrator and Mediator Certification or South Carolina Bar information regarding the status of any license to practice law that I hold, including all applications filed by me or complaints filed against me.

Applicant's S.C. Bar No. _____

If licensed to practice law in other states, complete the following and attach a Certificate of Good Standing from each jurisdiction:

State	Name of Disciplinary and Admissions Agencies	Address	Telephone No.	Attorney's ID No.

☐ (b.) NON-ATTORNEY APPLICANTS: I hereby authorize and request that the admissions, licensing, certification or disciplinary boards or agencies associated with my professional license(s), in this or any other state, provide to the South Carolina Board of Arbitrator and Mediator Certification or South Carolina Bar information regarding the status of any professional license or certificate that I hold, including all applications filed by me or complaints filed against me.

South Carolina Professional License/Certification No. _____

List name, address and telephone number of the South Carolina licensing/certifying agency:

_____

_____

If licensed/certified in other states, complete the following:

State	Name of Disciplinary and Licensing Agencies	Address	Telephone No.	Applicant's License or ID No.

VI. AVAILABILITY

INSTRUCTIONS: *All applicants must be on the roster in at least one county.*

1. **INDICATE COUNTIES IN WHICH YOU WISH TO BE PLACED ON THE COURT ROSTER:**

☐ All counties

☐ Select counties (mark all that apply):

☐ Abbeville	☐ Chesterfield	☐ Hampton	☐ Oconee
☐ Aiken	☐ Clarendon	☐ Horry	☐ Orangeburg
☐ Allendale	☐ Colleton	☐ Jasper	☐ Pickens
☐ Anderson	☐ Darlington	☐ Kershaw	☐ Richland
☐ Bamberg	☐ Dillon	☐ Lancaster	☐ Saluda
☐ Barnwell	☐ Dorchester	☐ Laurens	☐ Spartanburg
☐ Beaufort	☐ Edgefield	☐ Lee	☐ Sumter
☐ Berkeley	☐ Fairfield	☐ Lexington	☐ Union
☐ Calhoun	☐ Florence	☐ Marion	☐ Williamsburg
☐ Charleston	☐ Georgetown	☐ Marlboro	☐ York
☐ Cherokee	☐ Greenville	☐ McCormick	
☐ Chester	☐ Greenwood	☐ Newberry	

VII. OTHER INFORMATION

Other relevant experience or skills or other information you would like considered in connection with this application:

_____
_____
_____
_____
_____

VIII. CERTIFICATION

I certify that I am of good moral character; that I am familiar with the statutes, rules and practice governing mediation settlement conferences in South Carolina; and that I have not, within the last five years, been disbarred or suspended from the practice of law or from a profession set forth in S.C. Court-Annexed ADR Rule 16, nor have been denied admission to a bar or denied a professional license for character or ethical reasons or been publicly reprimanded or publicly disciplined for professional conduct in this state, any other state or the District of Columbia; and I agree to: (1) provide mediation to indigents without pay; (2) notify the Board of any change in the above facts or otherwise in my ability to perform duties as a mediator; and (3) pay all administrative fees and comply with all procedures established by the Supreme Court, or its designee, including the Standards of Conduct for Mediators (Appendix B to the SC Court-Annexed ADR Rules). I further certify that the information I have furnished in this application is true, accurate and complete; and that, should I be approved, this information may be used to generate a roster of neutrals made available to the courts, ADR community and general public.

SWORN AND SUBSCRIBED TO BEFORE ME		*Date*	*Signature of Applicant*
Date	*Signature*		
Title Of Person Authorized To Administer Oaths			
SEAL *Date Commission Expires*			

IX. FOR BOARD USE ONLY

Administratively Approved

Signature	*Date*

Referred to Board

Signature	*Date*

Board approved

Signature	*Date*

Board contingencies to approval met

Signature	*Date*

Board rejected

Signature	*Date*

Additional information requested from applicant

Signature	*Date*

__Licensed professional for at least 3 years
__Discipline check
__Application fee paid
__Proof of training
__Approved course
__At least one county selected
__Application signed/notarized
__AIS, if applicable