



I, Applicant Name _____ am submitting the following information in addition to my Basic Mediation Training Equivalency Request form for approval from the Office of Dispute Resolution (ODR).

The following Basic Mediation Training was provided by _____. I do not have access to one or more of the required documents and wish to have ODR consider this application for approval based on the following statement in lieu of the following required document(s):

- Training agenda or schedule
Trainers' biography
Course description documents

Table with 2 columns: Instructor(s), Describe Instructor's Credentials

Check the following topics covered in the basic mediation training: Check All That Apply

- Overview of ADR processes, Stages and goals of mediation process, Confidentiality and privilege, Nature of conflict/behaviors in conflict, Working with attorneys and reps. of parties, Values, self-awareness, and bias awareness, Cultural diversity including race and gender, Addressing barriers to agreement, Withdrawal by mediator, Dealing with legal issues, Principles of mediation, Role of mediator, Interactive listening, Power imbalances, Reframing, Reality testing, Caucus, Negotiation skills, Informed consent, Party self-determination, Mediation styles, Issue and interest identification, Responsibilities to third parties, Option generation, Termination of mediation, Conflicts of interest, Use of neutral language, Agreement writing, Impartiality, Question-asking

NE Dispute Resolution Act, Uniform Mediation Act, Nebraska Ethics IF THE TRAINING DOES NOT COVER THE NEBRASKA DISPUTE RESOLUTION ACT and ETHICS ODR-BMT-F-005 WILL BE REQUIRED.

Min 30 Hour/3day criteria (unless part of academic curriculum) Number of Hours Number of Days:

Includes adult learning theory approaches (i.e. presentations, group discussions, written and oral exercises, mediation simulations, role-plays, & additional readings)

Includes Role plays -at least 6 hours

I attest the above information is a complete and accurate statement of the Basic Mediation Training Course being submitted to ODR for equivalency approval.

Signature: _____ Date: _____