



OAKLAND
MEDIATION
CENTER

550 Hulet Drive, Suite 102
Bloomfield Hills, Michigan 48302
Tel. (248) 338-4280
Fax: (248) 338-0480
www.mediation-omc.org

PRACTICAL EXPERIENCE APPLICATION

Oakland Mediation Center provides a practical experience service to individuals who need to meet State Court Administrative Office's requirements for circuit court rosters, to gain mediation experience, or for graduate level mediation class requirements.

Date of Application: _____

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: () _____ - _____ Alt. Number: () _____ - _____

Email Address: _____

SERVICE TYPE

General Civil Mediation Options			
1) I have already taken the 40-Hour SCAO approved Civil Mediation Training and only need to obtain the below practical experience.		2) I am currently or have in the past taken the 40-Hour SCAO approved Civil Mediation Training through OMC and wish to obtain the below practical experience. Training registration and payment can be made at www.mediation-omc.org .	
a) Observe two general civil mediations and conduct one general civil mediation under supervision.	<input type="radio"/> \$399	a) Observe two general civil mediations and conduct one general civil mediation under supervision.	<input type="radio"/> \$ 339 \$60 savings
b) Observe two general civil mediations, conduct one general civil mediation under supervision, and obtain 40 hours of general civil mediation experience (combination of observation and co-mediation).	<input type="radio"/> \$1059	b) Observe two general civil mediations, conduct one general civil mediation under supervision, and obtain 40 hours of general civil mediation experience (combination of observation and co-mediation).	<input type="radio"/> \$811 \$248 savings
Domestic Relations Mediation Option			
1) I have already taken the 40-Hour SCAO approved Domestic Relations Mediator Training and 8-Hour Domestic Violence Screening Training and only need to obtain the below practical experience.		2) I am currently or have in the past taken the 40-Hour SCAO approved Domestic Relations Mediator Training and 8-Hour SCAO approved Domestic Violence Screening Training through OMC and wish to obtain the below practical experience. Training registration and payment can be made at www.mediation-omc.org .	
a) Observe two domestic relations mediations and conduct one domestic relations mediation under supervision.	<input type="radio"/> \$399	a) Observe two domestic relations mediations and conduct one domestic relations mediation under supervision.	<input type="radio"/> \$339 \$60 savings

OMC will honor the reduced practical experience rate for those who have attended the 40-Hour General Civil or Domestic Relations Mediation Training through OMC. MADR or JD graduate students who are currently enrolled or have completed a mediation class offered by an accredited university and provide proof of registration are eligible for a 25% discount for any of the above practical experience services.

TRAINING CERTIFICATION

I completed the 40-Hour Civil Mediator Training on: _____

Trainer(s): _____ Organization/School: _____

I completed the 40-Hour Domestic Relations Mediator Training and 8-Hour Domestic Violence Screening Training on: _____

Trainer(s): _____ Organization/School: _____

PAYMENT INFORMATION

Registration and payment for combined training and practical experience can also be made at www.mediation-omc.org. Checks and/or money orders should be made payable to Oakland Mediation Center. **Visa, Discover or Mastercard accepted.**

SERVICE COST	CREDIT CARD INFORMATION
Service Cost: \$ _____	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard
Student Discount \$ _____	Card Number: _____
Total \$ _____	Exp. Date _____ Billing Zip Code: _____
I authorize Oakland Mediation Center to charge my credit card the amount indicated above.	Security Code (3 digit code) _____

APPLICATION PROCESS

Upon receipt of your application, you will be contacted to discuss your needs and explain procedures. OMC cannot guarantee that you will observe or mediate as scheduled cases are subject to cancelation or rescheduling. If requirements need to be completed within a certain time period, please inform us immediately. Upon completion of the requirements, a letter verifying your activities will be mailed to you. The State Court Administrative Office requires that a background check be conducted prior to any observation and/or mediation assignments. Applications will be processed upon receipt of the background check results.

Please complete and mail the following documents to Oakland Mediation Center, 550 Hulet Drive, Suite 102, Bloomfield Hills, MI 48302 or fax to (248) 338-0480 for processing:

- Practical Experience Application
- Statement of Understanding
- Criminal Background Check Authorization & Release
- Copy of 40-Hour SCAO Approved Mediator Training Certificate

Please mail the completed DHS Request for Central Clearance Registry form to the DHS office located in your area. The address can be found on the form attached to this application. Upon receipt of the clearance report, please submit a copy to OMC.

SIGNED & AGREED:

I understand that I am not an employee of the Oakland Mediation Center and that any duties I perform are without remuneration. I agree to abide by the policies and procedures set forth by the Oakland Mediation Center. I further agree that Oakland Mediation Center reserves the right to retain the full amount should the service not be utilized within OMC's fiscal year.

Signature: _____ Date: _____



PRACTICAL EXPERIENCE FOR MEDIATORS STATEMENT OF UNDERSTANDING

Oakland Mediation Center provides individuals with the opportunity to complete the requirements for circuit court rosters, to gain mediation experience or for graduate mediation class requirements. We strive to provide quality mediation services to our clients and referral sources, and as such, we ask that you please respect the following procedures while completing your requirements:

OBSERVATION

Be attentive to the mediation process:

- Mediator's opening statement
- Information sharing
- Framing of the issues
- Facilitating the joint discussion
- Using caucus
- Agreement writing

Observe techniques that the mediator uses during the process.

- Remain silent and do not interject or interrupt the mediation session, e.g. speaking or asking questions. The debriefing portion at the end of the mediation session will provide you with an opportunity to discuss your observations. [The observation is not to be used as a means to assess mediator performance but rather as an opportunity to see how the process works].
- Do not establish relationships with any of the participants or solicit business.

CO-MEDIATION

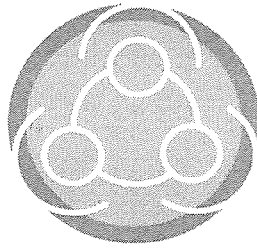
Follow the Model Standards of Conduct for Mediators as approved by the American Arbitration Association, American Bar Association, and Association for Conflict Resolution.

- Conduct mediation based on the principle of self-determination, allowing parties to make free and informed decisions as to the outcome of their case.
- Conduct mediation in an impartial manner and avoid giving the appearance of partiality.
- Avoid conflict of interest or the giving the appearance of before, during and after the mediation.
- Maintain confidentiality of all information obtained in mediation.
- Disclose actual or potential conflicts of interest that could raise question about impartiality.
- Work cooperatively with the assigned co-mediator.
- Do not conduct a dispute resolution procedure other than mediation.
- Do not establish relationships with any of the participants or solicit business.

By signing below, I agree to adhere to this Statement of Understanding and follow the procedures as set forth above. I further understand that if I fail to follow the set procedure, credit will not be given and a completion of requirements letter will not be issued.

Signature

Date



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CRIMINAL BACKGROUND CHECK AUTHORIZATION AND RELEASE

Instructions: Please provide us with the following information necessary to conduct the required criminal background check with the Michigan State Police.

PLEASE PRINT CLEARLY

Last Name:		First Name:	Middle Initial:
Date of Birth (Month/Day/Year):			
Current Mailing Address (Street No. & Name):			
City:		State:	Zip Code:
Current Phone Number:			
Other Names by Which Known:			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Unknown/Other	
SID (State Identification Number):			

I give permission to Oakland Mediation Center to conduct a criminal background check. I understand that this information will become part of the confidential records of Oakland Mediation Center and I will not have access to those records.

Signature: _____

Date: _____

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of your local county DHS, access www.michigan.gov/dhs->Inside DHS.
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also, Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

COPY PHOTO ID HERE AND RETAIN A COPY
FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID
ON A SEPARATE PAGE

SECTION 2 REQUESTOR INFORMATION

Child Welfare Agency Please Check Appropriate Box

Individual I would like to pick up my results in _____ county Employer

Law-Enforcement/Dept of Corrections Volunteer Agency

Prosecuting Attorney/Court (please provide docket number if available) MI _____ Out-of-State Adoption and Foster Home Screening

Other _____

Name of Employer/Volunteer Agency/Individual		Name of CPS/Law-Enforcement or Court	
Name	Title	City	State
Address	Zip Code		
Phone _____	Fax _____	E-mail _____	Date _____

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-5028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.