
Name

Title Organization/Firm

Address

City State Zip Code

Work Telephone Fax Number

Email Address

Years in mediation practice: _____ Practice focus in area of: _____

EDUCATIONAL BACKGROUND

List most recent degrees first.

College or University *Date* *Degree* *Major*

Law School

PROFESSIONAL ASSOCIATIONS AND DISTINCTIONS

List any appointments you have held recently on commissions or boards, or in professional associations.

List any honors you have received, presentations you have given, or writing you have published during the last five years.

DISPUTE RESOLUTION/ADVOCACY TRAINING

List most recent training first.

Training Organization/Sponsor *Type of Program* *Date* *Length of Program*

PRESENT DISPUTE RESOLUTION/ADVOCACY WORK

Please describe briefly the nature and scope of the dispute resolution/advocacy services you provide.

****Please include the number of mediations where you have been the SOLE MEDIATOR and type of cases you have handled.**

ANTICIPATED BENEFIT

What do you hope to gain by participation in the *Advanced Mediation Skills* program?

PROFESSIONAL REFERENCES

The admissions committee requests the names of two professional colleagues we may contact to assess your qualifications for the *Advanced Mediation Skills* course.

Name	Title	
Organization	Address	
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Please return this application by email (lori.rushford@pepperdine.edu) or fax to (310) 506-4437 or mail to the following address:

**Pepperdine University
School of Law
Straus Institute for Dispute
Resolution Attn: Lori Rushford
24255 Pacific Coast Highway
Malibu, CA 90263-4655**