Department of Veterans Affairs

APPLICATION FOR CERTIFICATION AS A VA FACILITATOR

FULL NAME	TELEPHONE NUMBER	FAX NUMBER

POSITION TITLE

UNION OFFICIAL	EMAIL ADDRESS
☐ YES ☐ NO	
BUSINESS ADDRESS	LOCATION OF PRIMARY ADR PROGRAM

TO: DDRS for Workplace ADR (08)
810 Vermont Avenue, NW
Washington, DC 20420
Email: NCP.Coordinator@va.gov
FAX: (202) 501-2885

APPLICANT'S AFFIRMATIONS

☐ I affirm that I am a current compensated employee of the Department and am not subject to or involved in any pending adverse action or any other matter that would adversely affect the Department or my service as a neutral within VA.

☐ I certify that, within 24 months before this application, I have successfully completed at least 24 hours of Basic Facilitation Skills Training, including 3 hours training in Equal Employment Opportunity (EEO) law and practice. I have attached copies of the certificates, curriculums and/or agendas for such training.

☐ I certify that, within 24 months after completing such training, I have successfully facilitated or co-facilitated 8 workplace disputes, at least 4 of which were EEO cases. These facilitations were conducted with a VA Certified Neutral and the participants gave positive evaluations for each one.

☐ My ADR Coordinator approves my request for certification and confirms my facilitation experience, positive evaluations, and my good standing in my primary ADR program as indicated by his/her signature on this application.

☐ As described below, my supervisor approves this application for certification.

☐ I understand that information concerning my certification will be publicly available.

☐ I certify that I will inform the Workplace ADR Program if there is any significant change in the conditions described above (e.g., a change in supervisor approval of my participation as a Certified Neutral).

If you have any questions concerning my application, please contact me at my VA business address or telephone number.

APPLICANT'S SIGNATURE _____ DATE _____

SUPERVISOR'S APPROVAL:

☐ I certify that I am the supervisor for the above named applicant and approve this application for certification, as described above.

SIGNATURE AND TITLE

DATE

ADR COORDINATOR'S APPROVAL:

I certify that:

☐ I am the ADR Coordinator for the ADR Program described above.

☐ The above named applicant provides ADR services primarily for my ADR program and is in good standing in my ADR program.

☐ The above named applicant has, within the 24 month period before this application, provided facilitation services as described above and has received positive evaluations for each one.

SIGNATURE AND TITLE

DATE