

**APPENDIX**

**APPLICATIONS AND STATEMENTS FOR CERTIFICATION AND  
RECERTIFICATION OF VA NEUTRALS**

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 Department of Veterans Affairs

**APPLICATION FOR CERTIFICATION AS A VA MEDIATOR**

FULL NAME John Wilson		TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Technician			
UNION OFFICIAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS john.wilson@government.gov	
BUSINESS ADDRESS Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA		LOCATION OF PRIMARY ADR PROGRAM Anytown VAMC	

TO: DDRS for Workplace ADR (08)  
810 Vermont Avenue, NW  
Washington, DC 20420  
Email: [WorkplaceADR@va.gov](mailto:WorkplaceADR@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 32 hours of Basic Mediation 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 mediated or co-mediated 4 workplace disputes, at least 2 of which were EEO cases. These mediations 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 mediation 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 mediation services as described above and has received positive evaluations for each one.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

 Department of Veterans Affairs		
APPLICATION FOR RECERTIFICATION AS A VA MEDIATOR		
FULL NAME Sarah Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Analyst		
UNION OFFICIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMAIL ADDRESS sarah.wilson@government.gov	
BUSINESS ADDRESS Office of Resolution Management 2000 2nd St., Room 1B Anycity, USA	LOCATION OF PRIMARY ADR PROGRAM Anycity VAMC	
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: <a href="mailto:WorkplaceADR@va.gov">WorkplaceADR@va.gov</a> FAX: (202) 501-2885		
<b>APPLICANT'S AFFIRMATIONS</b>  <input checked="" type="checkbox"/> 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.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully completed at least 20 hours of mediation or related training. I have attached copies of the certificates, curriculums and/or agendas for such training.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully mediated or co-mediated 4 workplace disputes, at least 2 of which were EEO cases. These mediations were conducted with a VA Certified Neutral and the participants gave positive evaluations for each one.  <input checked="" type="checkbox"/> My ADR Coordinator approves my request for recertification and confirms my mediation experience, positive evaluations, and my good standing in my primary ADR program as indicated by his/her signature on this application.  <input checked="" type="checkbox"/> As described below, my supervisor approves this application for recertification.  <input checked="" type="checkbox"/> I understand that information concerning my certification will be publicly available.  <input checked="" type="checkbox"/> 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 recertification, 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 mediation services as described above and has received positive evaluations for each one.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

**NOTE: Applications for recertification should be submitted at least thirty days before the expiration of the existing certification to assure timely processing.**

 Department of Veterans Affairs		
APPLICATION FOR CERTIFICATION AS A VA FACILITATOR		
FULL NAME John Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Technician		
UNION OFFICIAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	EMAIL ADDRESS john.wilson@government.gov	
BUSINESS ADDRESS Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA	LOCATION OF PRIMARY ADR PROGRAM Anytown VAMC	
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: <a href="mailto:WorkplaceADR@va.gov">WorkplaceADR@va.gov</a> FAX: (202) 501-2885		
<b>APPLICANT'S AFFIRMATIONS</b>		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> As described below, my supervisor approves this application for certification.		
<input checked="" type="checkbox"/> I understand that information concerning my certification will be publicly available.		
<input checked="" type="checkbox"/> 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

 Department of Veterans Affairs		
APPLICATION FOR RECERTIFICATION AS A VA FACILITATOR		
FULL NAME Sarah Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Analyst		
UNION OFFICIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMAIL ADDRESS sarah.wilson@government.gov	
BUSINESS ADDRESS Office of Resolution Management 2000 2nd St., Room 1B Anycity, USA	LOCATION OF PRIMARY ADR PROGRAM  Anycity VAMC	
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: <a href="mailto:WorkplaceADR@va.gov">WorkplaceADR@va.gov</a> FAX: (202) 501-2885		
<b>APPLICANT'S AFFIRMATIONS</b>  <input checked="" type="checkbox"/> 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.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully completed at least 16 hours of facilitation or related training. I have attached copies of the certificates, curriculums and/or agendas for such training.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, 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.  <input checked="" type="checkbox"/> My ADR Coordinator approves my request for recertification 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.  <input checked="" type="checkbox"/> As described below, my supervisor approves this application for recertification.  <input checked="" type="checkbox"/> I understand that information concerning my certification will be publicly available.  <input checked="" type="checkbox"/> 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 recertification, 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.

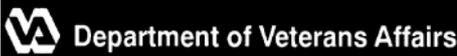
The above named applicant provides ADR services primarily for my ADR program and is in good standing in my ADR program.

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

**NOTE: Applications for recertification should be submitted at least thirty days before the expiration of the existing certification to assure timely processing.**



**APPLICATION FOR CERTIFICATION AS A VA GROUP FACILITATOR**

FULL NAME John Wilson		TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Technician			
UNION OFFICIAL <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS john.wilson@government.gov	
BUSINESS ADDRESS Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA		LOCATION OF PRIMARY ADR PROGRAM Anytown VAMC	

TO: DDRS for Workplace ADR (08)  
810 Vermont Avenue, NW  
Washington, DC 20420  
Email: [WorkplaceADR@va.gov](mailto:WorkplaceADR@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 32 hours of training in Group Facilitation Skills, 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 3 workplace group facilitations, at least 1 of which was EEO related. These group facilitations were conducted with a Certified Neutral and the participants gave positive evaluations for each one.
- My ADR Coordinator approves my request for certification and confirms my group 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 group facilitation services as described above and has received positive evaluations for each one.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

 Department of Veterans Affairs		
APPLICATION FOR RECERTIFICATION AS A VA GROUP FACILITATOR		
FULL NAME Sarah Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Analyst		
UNION OFFICIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMAIL ADDRESS sarah.wilson@government.gov	
BUSINESS ADDRESS Office of Resolution Management 2000 2nd St., Room 1B Anycity, USA	LOCATION OF PRIMARY ADR PROGRAM Anycity VAMC	
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: <a href="mailto:WorkplaceADR@va.gov">WorkplaceADR@va.gov</a> FAX: (202) 501-2885		
<b>APPLICANT'S AFFIRMATIONS</b>  <input checked="" type="checkbox"/> 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.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully completed at least 16 hours of training in Group Facilitation or related ADR skills. I have attached copies of the certificates, curriculums and/or agendas for such training.  <input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully facilitated or co-facilitated 3 workplace group facilitations, at least 1 of which was EEO related. These group facilitations were conducted with a VA Certified Neutral and the participants gave positive evaluations for each one.  <input checked="" type="checkbox"/> My ADR Coordinator approves my request for recertification and confirms my group facilitation experience, positive evaluations and my good standing in my primary ADR program as indicated by his/her signature on this application.  <input checked="" type="checkbox"/> As described below, my supervisor approves this application for recertification.  <input checked="" type="checkbox"/> I understand that information concerning my recertification will be publicly available.  <input checked="" type="checkbox"/> 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 recertification, 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.

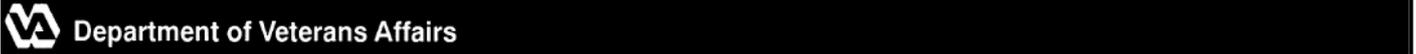
The above named applicant provides ADR services primarily for my ADR program and is in good standing in my ADR program.

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

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

**NOTE: Applications for recertification should be submitted at least thirty days before the expiration of the existing certification to assure timely processing.**



## APPLICATION FOR CERTIFICATION AS A VA MENTOR

<b>FULL NAME</b> John Wilson	<b>TELEPHONE NUMBER</b> (000) 000-0000	<b>FAX NUMBER</b> (000) 000-0000
<b>POSITION TITLE</b> Technician		
<b>UNION OFFICIAL</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>EMAIL ADDRESS</b> john.wilson@government.gov	
<b>BUSINESS ADDRESS</b> Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA	<b>LOCATION OF PRIMARY ADR PROGRAM</b>  Anytown VA	

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

I certify that I am a VA Certified Neutral as indicated below:

MEDIATOR   
  FACILITATOR   
  GROUP FACILITATOR

### 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 16 hours of mentoring skills training. I have attached copies of the certificates, curriculums and/or agendas for such training.
- I certify that I have mediated or facilitated 12 workplace disputes, at least 6 of which were EEO cases. The participants gave positive evaluations for each one.
- My ADR Coordinator approves my request for certification and confirms my mediation and/or 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 mediation or facilitation services as described above and has received positive evaluations for each one.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

 Department of Veterans Affairs		
APPLICATION FOR RECERTIFICATION AS A VA MENTOR		
FULL NAME Sarah Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER (000) 000-0000
POSITION TITLE Analyst		
UNION OFFICIAL <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EMAIL ADDRESS sarah.wilson@government.gov	
BUSINESS ADDRESS Office of Resolution Management 2000 2nd St., Room 1B Anycity, USA	LOCATION OF PRIMARY ADR PROGRAM Anycity VAMC	
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: <a href="mailto:WorkplaceADR@va.gov">WorkplaceADR@va.gov</a> FAX: (202) 501-2885		
I certify that I am a VA Certified Neutral as indicated below: <input checked="" type="checkbox"/> MEDIATOR <input type="checkbox"/> FACILITATOR <input checked="" type="checkbox"/> GROUP FACILITATOR		
<b>APPLICANT'S AFFIRMATIONS</b>		
<input checked="" type="checkbox"/> 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.		
<input checked="" type="checkbox"/> I certify that, within 24 months before this application, I have successfully completed 16 hours of mentoring skills training. I have attached copies of the certificates, curriculums and/or agendas for such training.		
<input checked="" type="checkbox"/> My ADR Coordinator approves my request for recertification and confirms my good standing in my primary ADR program as indicated by his/her signature on this application.		
<input checked="" type="checkbox"/> As described below, my supervisor approves this application for recertification.		
<input checked="" type="checkbox"/> I understand that information concerning my recertification will be publicly available.		
<input checked="" type="checkbox"/> 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 recertification, 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.

\_\_\_\_\_  
SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

**NOTE: Applications for recertification should be submitted at least thirty days before the expiration of the existing certification to assure timely processing.**