APPENDIX

APPLICATIONS AND STATEMENTS FOR CERTIFICATION AND RECERTIFICATION OF VA NEUTRALS

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APPLICATION FOR	R CERTIFICATION AS A VA	MEDIATOR
FULL NAME	TELEPHONE NUMBER	•
John Wilson	(000) 000-0000	(000) 000-0000
POSITION TITLE	-	<u> </u>
Technician		
JNION OFFICIAL	EMAIL ADDRESS	
X YES NO	john.wilson@gove	
BUSINESS ADDRESS Anytown VA Medical Center	LOCATION OF PRIMARY AI	DR PROGRAM
1000 1st Ave., Room 2A	Anytown VAMC	
Anytown, USA	iniyeewii vinio	
 FO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885 		
APPLICANT'S AFFIRMATIONS		
 ✓ I affirm that I am a current compensated emplaction or any other matter that would adversely at I certify that, within 24 months before this applicable. Skills Training, including 3 hours training in Equipment the certificates, curriculums and/or agendas for such as the certificates. 	ffect the Department or my service as a neutroplication, I have successfully completed at leal Employment Opportunity (EEO) law and	ral within VA. east 32 hours of Basic Mediation
X I certify that, within 24 months after completi disputes, at least 2 of which were EEO cases. Th gave positive evaluations for each one.		
My ADR Coordinator approves my request for my good standing in my primary ADR program a		
X As described below, my supervisor approves	this application for certification.	
X I understand that information concerning my	certification will be publicly available.	
X I certify that I will inform the Workplace AD (e.g., a change in supervisor approval of my parti		in the conditions described above
If you have any questions concerning my applications	tion, please contact me at my VA business ac	ddress or telephone number.

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	

APPLICATION FOR	RECERTIFICATION A	AS A VA I	MEDIATOR
ULL NAME	TELEPHONE	NUMBER	FAX NUMBER
Sarah Wilson	(000) 0	000-0000	(000) 000-0000
OSITION TITLE	•		
Analyst			
NION OFFICIAL	EMAIL ADDRES		
YES NO		son@governm	
USINESS ADDRESS Office of Resolution Management	LOCATION OF F	PRIMARY ADR PI	ROGRAM
2000 2nd St., Room 1B	Anycity VA	AMC	
Anycity, USA	Imiyeley vi	110	
CO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885			
APPLICANT'S AFFIRMATIONS I affirm that I am a current compensated emaction or any other matter that would adversely			
☑ I certify that, within 24 months before this a raining. I have attached copies of the certificat			0 hours of mediation or related
I certify that, within 24 months before this a lisputes, at least 2 of which were EEO cases. The average positive evaluations for each one.			
My ADR Coordinator approves my request my good standing in my primary ADR program			
As described below, my supervisor approve	s this application for recertification.		
I understand that information concerning m	certification will be publicly available	able.	
I certify that I will inform the Workplace Ale.g., a change in supervisor approval of my par		nt change in the	e conditions described above
f you have any questions concerning my applic	ation, please contact me at my VA l	business addres	s or telephone number.

VA FORM **0936b**

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.
X 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.
Certification to assure timely processing.

	APPLICATION FOR CE	ERTIFICATION AS A VA FA	CILITATOR
OSITION TITLE Technician NION OFFICIAL WYES NO JOHN.wilson@government.gov USINESS ADDRESS ANYLOWN VA Medical Center 1000 1st Ave., Room 2A Anytown, USA O: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885 PPLICANT'S AFFIRMATIONS I affirm that I am a current compensated employee of the Department and am not subject to or involved in any pending adversation 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 participan gave positive evaluations for each one. My ADR Coordinator approves my request for certification and confirms my facilitation experience, positive evaluations, an 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).	FULL NAME		•
EMAIL ADDRESS John.wilson@government.gov	John Wilson	(000) 000-0000	(000) 000-0000
Section of the certificates, curriculums and/or agendas for such training. In law successfully facilitated 8 workplace Abey such training. In law successfully facilitated 9 workplace and such training. In law estimated or co-facilitated 8 workplace and such training. In law estimated or co-facilitated 8 workplace and such training. In law estimated or co-facilitated 8 workplace and such training. In law of the certificates, curriculums and/or agendas for such training. In law estimated or co-facilitated 8 workplace and such training in Equal Employment Opportunity (EEO) law and practice. I have attached copies of the certificates, curriculums and/or agendas for such training. In law estimated the vicinity of the certificates, curriculums and/or agendas for such training. In law estimated the vicinity of the certificates and the participant save 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. It is 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).	OSITION TITLE	•	•
Section Sec			
USINESS ADDRESS Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA O: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885 PPLICANT'S AFFIRMATIONS I affirm that I am a current compensated employee of the Department and am not subject to or involved in any pending advection 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 he certificates, curriculums and/or agendas for such training, I have successfully facilitated or co-facilitated 8 workplace lisputes, at least 4 of which were EEO cases. These facilitations were conducted with a VA Certified Neutral and the participant 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).			
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SUPERVISOR'S APPROVAL:	
☒ I certify that I am the supervisor for the above named applicant and approve the above.	is application for certification, as described
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 proprogram.	gram and is in good standing in my ADR
★ The above named applicant has, within the 24 month period before this applicate described above and has received positive evaluations for each one.	ation, provided facilitation services as
SIGNATURE AND TITLE	DATE

Department of Veterans Affairs		
APPLICATION FOR RECEI		
FULL NAME Sarah Wilson	TELEPHONE NUMBER (000) 000-0000	FAX NUMBER
	(000) 000-0000	(000) 000-0000
POSITION TITLE Analyst		
UNION OFFICIAL	EMAIL ADDRESS	
YES X NO	sarah.wilson@govern	ment gov
BUSINESS ADDRESS	LOCATION OF PRIMARY ADR F	
Office of Resolution Management		TOOTO WI
2000 2nd St., Room 1B	Anycity VAMC	
Anycity, USA		
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885		
APPLICANT'S AFFIRMATIONS		
☑ I certify that, within 24 months before this applicatio training. I have attached copies of the certificates, curric		16 hours of facilitation or related
☑ I certify that, within 24 months before this application disputes, at least 4 of which were EEO cases. These facing gave positive evaluations for each one.		
My ADR Coordinator approves my request for recer and my good standing in my primary ADR program as in		
🛛 As described below, my supervisor approves this app	plication for recertification.	
✓ I understand that information concerning my certification.	ation will be publicly available.	
X I certify that I will inform the Workplace ADR Progreege., a change in supervisor approval of my participation		ne conditions described above
If you have any questions concerning my application, plo	ease contact me at my VA business addre	ss or telephone number.
APPLICANT'S SIGNATURE	 DATF	

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.
X 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 CERT	IFICATION AS A	VA GROUP	FACILITATOR
JLL NAME	TELEPHO	ONE NUMBER	FAX NUMBER
ohn Wilson	(000)	000-0000	(000) 000-0000
SITION TITLE			•
echnician			
ION OFFICIAL	EMAIL ADDR		
YES NO		lson@governme	
SINESS ADDRESS nytown VA Medical Center	LOCATION C	F PRIMARY ADR PI	ROGRAM
000 1st Ave., Room 2A	Anytown	VAMC	
nytown, USA	Allycowii	VAMC	
9: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885			
PLICANT'S AFFIRMATIONS I affirm that I am a current compensated employ	ree of the Department and an	n not subject to or	involved in any pending adve
tion or any other matter that would adversely affe	ct the Department or my serv	vice as a neutral wi	ithin VA.
I certify that, within 24 months before this appliance illustration Skills, including 3 hours training in Equal certificates, curriculums and/or agendas for such	al Employment Opportunity		
I certify that, within 24 months after completing oup facilitations, at least 1 of which was EEO relativisticipants gave positive evaluations for each one.			
My ADR Coordinator approves my request for aluations, and my good standing in my primary A			
As described below, my supervisor approves thi	s application for certification	1.	
I understand that information concerning my cer	tification will be publicly av	vailable.	
I certify that I will inform the Workplace ADR l.g., a change in supervisor approval of my particip			e conditions described above
you have any questions concerning my applicatio	n, please contact me at my V	A business addres	s or telephone number.
APPLICANT'S SIGNATURE		DATE	<u> </u>

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.
X 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

	TIFICATION AS A VA GROUP FACILITATOR
FULL NAME	TELEPHONE NUMBER FAX NUMBER
Sarah Wilson	(000) 000-0000 (000) 000-0000
OSITION TITLE	
Analyst JNION OFFICIAL	LEMAN ADDDESC
	<pre>EMAIL ADDRESS sarah.wilson@government.gov</pre>
YES X NO SUSINESS ADDRESS	LOCATION OF PRIMARY ADR PROGRAM
Office of Resolution Management	LOCATION OF FRIMARY ADA FROGRAM
2000 2nd St., Room 1B	Anycity VAMC
Anycity, USA	
FO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885	
PPLICANT'S AFFIRMATIONS	
	yee of the Department and am not subject to or involved in any pending adver- ect the Department or my service as a neutral within VA.
	ication, I have successfully completed at least 16 hours of training in Group copies of the certificates, curriculums and/or agendas for such training.
▼ I certify that, within 24 months before this applied group facilitations, at least 1 of which was EEO relations.	ication. I have successfully facilitated or co-facilitated 3 workplace
the participants gave positive evaluations for each o	ated. These group facilitations were conducted with a VA Certified Neutral an
■ My ADR Coordinator approves my request for r	ated. These group facilitations were conducted with a VA Certified Neutral an
My ADR Coordinator approves my request for revaluations and my good standing in my primary Al	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive DR program as indicated by his/her signature on this application.
My ADR Coordinator approves my request for revaluations and my good standing in my primary Al As described below, my supervisor approves thi	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive LDR program as indicated by his/her signature on this application. is application for recertification.
My ADR Coordinator approves my request for revaluations and my good standing in my primary Al As described below, my supervisor approves thi I understand that information concerning my rec I certify that I will inform the Workplace ADR I	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive .DR program as indicated by his/her signature on this application. is application for recertification. certification will be publicly available. Program if there is any significant change in the conditions described above
My ADR Coordinator approves my request for revaluations and my good standing in my primary Al As described below, my supervisor approves thi I understand that information concerning my rec I certify that I will inform the Workplace ADR I (e.g., a change in supervisor approval of my particip	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive .DR program as indicated by his/her signature on this application. is application for recertification. certification will be publicly available. Program if there is any significant change in the conditions described above
evaluations and my good standing in my primary Al As described below, my supervisor approves thi I understand that information concerning my rec I certify that I will inform the Workplace ADR I (e.g., a change in supervisor approval of my particip	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive DR program as indicated by his/her signature on this application. is application for recertification. certification will be publicly available. Program if there is any significant change in the conditions described above pation as a Certified Neutral).
My ADR Coordinator approves my request for revaluations and my good standing in my primary Al As described below, my supervisor approves thi I understand that information concerning my rec I certify that I will inform the Workplace ADR I (e.g., a change in supervisor approval of my particip	ated. These group facilitations were conducted with a VA Certified Neutral arone. recertification and confirms my group facilitation experience, positive DR program as indicated by his/her signature on this application. is application for recertification. certification will be publicly available. Program if there is any significant change in the conditions described above pation as a Certified Neutral).

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.				

Department of Veterans Affairs APPLICATION FOR CERTIFICATION AS A VA MENTOR				
John Wilson	(000) 000-0000	(000) 000-0000		
POSITION TITLE				
Technician	1 ADDDE-00			
UNION OFFICIAL	<pre>EMAIL ADDRESS john.wilson@government.gov</pre>			
X YES NO BUSINESS ADDRESS	LOCATION OF PRIMARY ADR PROGRAM			
Anytown VA Medical Center 1000 1st Ave., Room 2A Anytown, USA	Anytown VA	UGRAWI		
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885				
I certify that I am a VA Certified Neutral as indicated below: MEDIATOR FACILITATOR GROUP FACILITATIONS	TATOR			
 ☑ I affirm that I am a current compensated employee of the Department of action or any other matter that would adversely affect the Department I certify that, within 24 months before this application, I have have attached copies of the certificates, curriculums and/or agendation I certify that I have mediated or facilitated 12 workplace disput positive evaluations for each one. ☑ My ADR Coordinator approves my request for certification and evaluations, and my good standing in my primary ADR program at I understand that information concerning my certification will ☑ I certify that I will inform the Workplace ADR Program if the (e.g., a change in supervisor approval of my participation as a Certification of the certification and the certification is a certification of the certification of the certification and the certification of the certification of the certification of the certification of the certification and certification will inform the workplace ADR Program if the certification is a certification of the certification of the certification and certification of the certification of t	nent or my service as a neutral with successfully completed 16 hours of as for such training. Ites, at least 6 of which were EEO and confirms my mediation and/or that indicated by his/her signature of the certification. Ites any significant change in the	chin VA. of mentoring skills training. I cases. The participants gave facilitation experience, positive n this application.		
If you have any questions concerning my application, please conta	· 	or telephone number.		
APPLICANT'S SIGNATURE	DATE			

SUPERVISOR'S APPROVAL:	
☑ I certify that I am the supervisor for the above named applicant and approve th above.	is application for certification, as described
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 pro program.	gram and is in good standing in my ADR
The above named applicant has, within the 24 month period before this applicate services as described above and has received positive evaluations for each one.	ation, provided mediation or facilitation
SIGNATURE AND TITLE	DATE

Department of Veterans Affairs				
APPLICATION FOR RECERTIFICATION AS A VA MENTOR				
FULL NAME	TELEPHONE NUMBER	FAX NUMBER		
Sarah Wilson	(000) 000-0000	(000) 000-0000		
POSITION TITLE Analyst				
UNION OFFICIAL EMAIL ADDRESS				
YES X NO		sarah.wilson@government.gov		
BUSINESS ADDRESS		LOCATION OF PRIMARY ADR PROGRAM		
Office of Resolution Management 2000 2nd St., Room 1B Anycity, USA	Anycity VAMC	Anycity VAMC		
TO: DDRS for Workplace ADR (08) 810 Vermont Avenue, NW Washington, DC 20420 Email: WorkplaceADR@va.gov FAX: (202) 501-2885				
	w: 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.				
■ 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.				
■ As described below, my supervisor approves this applic	cation for recertification.			
☒ I understand that information concerning my recertification	ation will be publicly available.			
■ I certify that I will inform the Workplace ADR Program (e.g., a change in supervisor approval of my participation a		e conditions described above		
If you have any questions concerning my application, pleas	se contact me at my VA business address	s 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.
CIONATUDE AND TITLE
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.