

Dispute Resolution Center's Arbitration Trainer Profile Form

Please select one:

- Primary Trainer (complete pages one through three and attach resume)
- Subject Matter Specialist (complete pages one and three and attach resume)

Name: _____ Telephone: (____) _____

Address: _____

_____ Zip Code: _____

Email: _____

Education: degree: _____ year obtained: _____ major: _____

degree: _____ year obtained: _____ major: _____

Arbitration Training Received

provider	type	month/year	# hrs
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return your completed form and resume to:

Kimberly Ann Kosch
Dispute Resolution Center
Supreme Court of Florida Building
500 S. Duval Street
Tallahassee, Florida 32399-1905
850-921-2910 fax 850-922-9290
e-mail koschk@flcourts.org

Subject Matter Specialist ARE NOT required to complete this page

Alternative Dispute Resolution Training: Program Delivery Experience

(attach an agenda reflecting your participation for each of the trainings listed)

1-program name and sponsor: _____

date: _____ topic(s) presented: _____

length of presentation: _____ length of entire program: _____

2-program name and sponsor: _____

date: _____ topic(s) presented: _____

length of presentation: _____ length of entire program: _____

3-program name and sponsor: _____

date: _____ topic(s) presented: _____

length of presentation: _____ length of entire program: _____

4-program name and sponsor: _____

date: _____ topic(s) presented: _____

length of presentation: _____ length of entire program: _____

5-program name and sponsor: _____

date: _____ topic(s) presented: _____

length of presentation: _____ length of entire program: _____



Court-Ordered Nonbinding Arbitration and Adjudicatory Experience

1. List the approximate number of complete Florida court-ordered nonbinding arbitrations you have conducted as an arbitrator in your professional career: _____

OR attach a summary of your adjudicatory experience as a judge, special master, hearing officer or magistrate

2. List the date(s) and the circuit or county court in which you served as an arbitrator for a court-ordered arbitration within the last two years:

Date(s)	Referring Circuit or County Court	Role: Sole or Panel Arbitrator
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Verification

I hereby certify that the above information on my background and qualifications as a trainer and arbitrator is accurate and true.

Signature of Trainer

Date

Note: The Supreme Court of Florida does not certify trainers, only mediation training programs and mediators. Your Trainer Profile Form will be kept on file with the DRC for referral when your name is submitted as a trainer for approved arbitration training programs. Trainer approval is for a two-year period after which you will be required to demonstrate service as an arbitrator in at least one court-ordered nonbinding arbitration in accordance with the Essential Attributes for Arbitration Training.

9/2/2009