



DEPARTMENT OF FINANCIAL SERVICES
 Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building, Room 419
 Tallahassee, FL 32399-0319

MEDIATOR APPLICATION

Type and Class 00-56

Last Name			
First Name		Middle Initial	
Social Security Number	-	-	
Date of Birth			
Place of Birth		State	

Home Street Address		Apt. #	
Home City			
State			
Home Zip Code			

Business Street Address		Bldg #	
Business City			
State			
Business Zip Code			

Mailing Street Address		Bldg #	
Mailing City			
State			
Mailing Zip Code			

Home Telephone Number	
Work Telephone Number	

Give current employment:

Beginning Date	
Name of Employer	
Street Address	
City	
State	
Zip Code	

Yes/No

Are you currently affiliated with any mediation services?	
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If YES, list the name, address, and position held with each mediation panel or provider:	
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Indicate each county in which you will conduct mediation for the standard mediation fee for this program, with no additional charges for costs or expenses:

<input type="checkbox"/>	01	Dade	<input type="checkbox"/>	20	St. Johns	<input type="checkbox"/>	39	Levy	<input type="checkbox"/>	58	Calhoun
<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	21	Gadsden	<input type="checkbox"/>	40	Hernando	<input type="checkbox"/>	59	Franklin
<input type="checkbox"/>	03	Hillsborough	<input type="checkbox"/>	22	Putnam	<input type="checkbox"/>	41	Nassau	<input type="checkbox"/>	60	Glades
<input type="checkbox"/>	04	Pinellas	<input type="checkbox"/>	23	Bay	<input type="checkbox"/>	42	Martin	<input type="checkbox"/>	61	Flagler
<input type="checkbox"/>	05	Polk	<input type="checkbox"/>	24	St. Lucie	<input type="checkbox"/>	43	Okaloosa	<input type="checkbox"/>	62	Lafayette
<input type="checkbox"/>	06	Palm Beach	<input type="checkbox"/>	25	Jackson	<input type="checkbox"/>	44	Sumter	<input type="checkbox"/>	63	Union
<input type="checkbox"/>	07	Orange	<input type="checkbox"/>	26	Osceola	<input type="checkbox"/>	45	Bradford	<input type="checkbox"/>	64	Collier
<input type="checkbox"/>	08	Volusia	<input type="checkbox"/>	27	Highlands	<input type="checkbox"/>	46	Jefferson	<input type="checkbox"/>	65	Wakulla
<input type="checkbox"/>	09	Escambia	<input type="checkbox"/>	28	Pasco	<input type="checkbox"/>	47	Citrus	<input type="checkbox"/>	66	Gulf
<input type="checkbox"/>	10	Broward	<input type="checkbox"/>	29	Columbia	<input type="checkbox"/>	48	Clay	<input type="checkbox"/>	67	Liberty
<input type="checkbox"/>	11	Alachua	<input type="checkbox"/>	30	Hardee	<input type="checkbox"/>	49	Hendry	<input type="checkbox"/>	STATEWIDE	
<input type="checkbox"/>	12	Lake	<input type="checkbox"/>	31	Suwanee	<input type="checkbox"/>	50	Washington			
<input type="checkbox"/>	13	Leon	<input type="checkbox"/>	32	Indian River	<input type="checkbox"/>	51	Holms			
<input type="checkbox"/>	14	Marion	<input type="checkbox"/>	33	Santa Rosa	<input type="checkbox"/>	52	Baker			
<input type="checkbox"/>	15	Manatee	<input type="checkbox"/>	34	De Soto	<input type="checkbox"/>	53	Charlotte			
<input type="checkbox"/>	16	Sarasota	<input type="checkbox"/>	35	Madison	<input type="checkbox"/>	54	Dixie			
<input type="checkbox"/>	17	Seminole	<input type="checkbox"/>	36	Walton	<input type="checkbox"/>	55	Gilchrist			
<input type="checkbox"/>	18	Lee	<input type="checkbox"/>	37	Taylor	<input type="checkbox"/>	56	Hamilton			
<input type="checkbox"/>	19	Brevard	<input type="checkbox"/>	38	Monroe	<input type="checkbox"/>	57	Okeechobee			

REQUIRED EDUCATION

<input type="checkbox"/>	A 40 Hour training program in mediation, which has been approved by the Florida Department of Financial Services, date completed: _____ (Attach a copy of your certificate of completion).
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**ADDITIONAL REQUIREMENTS FOR QUALIFYING
(CHECK WHICH METHOD APPLIES TO YOU)**

<input type="checkbox"/>	Masters or doctorate degree in psychology, counseling, business, accounting or economics (Attach an official copy of your transcript)
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OR

<input type="checkbox"/>	A licensed Certified Public Accountant (Attach a copy of your wallet-size license).
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OR

<input type="checkbox"/>	A member of the Florida Bar (Attach a copy of your wallet-size license).
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OR

<input type="checkbox"/>	Have actively engaged as a qualified mediator for at least four years prior to July 1, 1990, certified family law or circuit court mediator in Florida with proof of mediation conducted during the four-year period; or possess similar qualifications from another state. (Provide sufficient documentation to substantiate your training and experience).
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I do solemnly swear that all answers to the foregoing questions are true and correct to the best of my knowledge and belief; that I understand the Laws of Florida and the rules promulgated by the Chief Financial Officer regulating the mediation of claims pursuant to Sections 627.745 and 627.7015, Florida Statutes.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

"Under penalties of perjury, I declare that I have read the foregoing application for appointment as a mediator, and that the facts stated in it are true."

Signature of Applicant

Date

*Note: You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.