THE MISSISSIPPI BAR

Annual Application for Inclusion/Re-Certification in the 2026 Court Annexed Mediation Directory

Applicant Name:	**Bar Number:**
Email:	

I hereby make application for inclusion or re-certification in the Directory of Court Annexed Mediators and certify as follows:

Please Check One:

☐	**INCLUSION**: I am applying for inclusion on the List for the first time and I have taken an initial course of at least fourteen (14) hours of mediation related training, approved by the Mississippi Commission on CLE; and understand that in order to remain on the List, I must complete an additional six (6) hours of mediation related continuing education every two (2) year period following my initial inclusion on the List. My fourteen (14) hours of training was completed with: _____ _____ CLE Provider Name Date
☐	**RE-CERTIFICATION:** I am a current member and am recertifying/paying my annual fee. I acknowledge that I must obtain six (6) hours of mediation approved credits every two (2) years. My most recent training was completed with: _____ _____ _____ CLE Provider Name Date Hours

Certifications:

☐	I am a member in good standing of The Mississippi Bar.
☐	I am familiar with and will adhere to the Court Annexed Mediation Rules of Civil Litigation.
So certified this the_____ day of _____, 20_____.	
Applicant Signature:	

Please return this completed application along with your $50.00 payment by Wednesday, March 4, 2026 to:

The Mississippi Bar
Attn: Mediators Directory
Post Office Box 2168
Jackson, MS 39225-2168