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A NON-PROFIT
CORPORATION
www.mediationwp.org

Dear Potential MCWP Member:

Thank you for your interest in the Mediation Council of Western Pennsylvania. Over the years, we have seen steady growth with both our association and with the popularity of mediation and alternative dispute resolution in the region. Our members are dedicated to MCWP's mission of promoting the use of mediation and other collaborative processes for resolving disputes and managing conflict, and supporting the professional development of mediator practitioners. As one of the country's oldest local support organizations in the profession, MCWP offers its members a full schedule of educational and social activities designed to support the professional development of mediation practitioners.

Mediation Council of Western Pennsylvania membership benefits include:

- Roundtable discussion series
- Continuing legal education credit
- Advanced mediation training opportunities
- Directory of Mediators website listing
- An influential voice in the development of court and local mediation panel policies
- Networking opportunities
- Advanced knowledge of local and statewide mediation opportunities

Your membership provides you with 12 hours of CLE approved roundtable discussions (which are free for you to attend with your membership fee), expanded programs, and opportunities to network with other members.

Attached for your convenience are the 2018 MCWP Membership Application and corresponding 2018 Mediator Directory forms. Please complete the required information and email/mail it along with your membership fee to the address noted on the application.

Thank you,
Joel Pretz
MCWP President



2018 MCWP Membership Application

The Mediation Council of Western Pennsylvania is a non-profit organization that promotes mediation as an alternative to the traditional courtroom process. We depend on membership dues for our work, services, and programs. **We would prefer for you to complete these forms electronically, email them to mediationwp@mediate.com and complete payment online by sending the appropriate amount to [paypal.com/mcwp](https://www.paypal.com/mcwp).** If you would prefer to send the application and check via regular mail, please mail to the address below (Please DO NOT send to the P.O. Box):

Mala Mason
Administrator – MCWP
511 Avonworth Heights Dr.
Pittsburgh, PA 15237

Please make your check payable to:
Mediation Council of Western Pa. ("MCWP")

Please provide information as you want it to appear on the Membership List to be circulated to all members. Home phone numbers, if provided, will be placed on the Membership List. ***Please note there is a separate application for members who wish to be included on the Directory of Mediators, which is a special list of mediators available to perform mediation for interested parties. This list is circulated by the Mediation Council of Western Pennsylvania to judges, courts, agencies, and the public.

Name(s) _____

Address _____

Work phone _____ Home phone _____ Fax _____

E-Mail _____

Website _____

Membership Categories:

- _____ Individual \$100
- _____ Corporate / Organizational \$200
Allows up to four (4) participants at each Council educational function and one (1) membership vote
- _____ Affiliate (volunteer mediator or mediation supporter) \$25
- _____ Student \$10

Amount to be submitted online (or enclosed if mailing application) \$ _____.

Online payment should be made by visiting: [paypal.me/mcwp](https://www.paypal.me/mcwp).



2018 MCWP Committee Selection

All members are encouraged to get involved with one of our standing committees. Please put a checkmark next to the committee(s) that you would like to learn more about/become involved in. Committees are a great way to get to know the other members of MCWP as well as to further the mission of our group. If you select any of the committees below, one of our Committee Chairs will be in touch with you to give you more information.

Standing Committees:

Conflict Resolution Day

Program Committee

Family Program Committee

Family Court Committee

Membership

Social Media/Technology

Nominating/Annual Meeting

Community

Outer County Outreach



2018 Directory of Mediators (Renewal Form ONLY)

If you are currently listed in the "MCWP Directory of Mediators", please renew your listing using the form below.
If you are new to the MCWP, and would like to be listed in the Directory of Mediators, please skip this page and fill out the 2017 Directory of Mediators Application that follows.

To maintain your listing in the MCWP Directory of Mediators, please attest to being current with the following requirements for inclusion in the MCWP Directory of Mediators:

I am in compliance with MCWP's annual continuing education requirement of 5 mediation credits earned in the past 12 months. I have professional liability insurance covering my mediation services. My private mediation agreement form contains a provision allowing me to discuss a mediation to the extent necessary to respond to any ethics complaint filed with the Mediation Council of Western Pennsylvania. For the current year, my membership dues have been paid in full.

Signature (or Printed Name)

Date

Name(s) _____

Address _____

Work phone _____ Home phone _____ Fax _____

E-Mail _____

Website _____

Check Your Areas of Practice:

1. Community mediation
2. Civil mediation
3. Family mediation
4. Business/commercial
5. Workplace mediation
6. General
7. All of the above

Please return this form, *with proof of mediation insurance coverage*, to
mediationwp@mediate.com.



2018 Directory of Mediators Application

THE DIRECTORY OF MEDIATORS is circulated to the general public, judges, lawyers and others who may be seeking a professional mediator. In order to have your mediation practice listed in the Directory of Mediators, please complete this form. You may be asked to verify the statements made below, if necessary. The Mediation Council of Western Pennsylvania has adopted the Pennsylvania Council of Mediators' Ethics & Standards of Conduct, by which you agree to be bound.

PART I

I wish to be included in the 2018 Mediation Council of Western Pennsylvania Directory of Mediators. I want my information to appear as follows:

Name(s) _____

Address _____

Work phone _____ Home phone _____ Fax _____

E-Mail _____

Website _____

PART II

I verify I am in compliance with the requirements to be included in the Directory of Mediators, as follows:

____ 1. I am an Individual or Organizational member of the Mediation Council of Western Pennsylvania
(2018 Membership dues paid in full)

____ 2. I have completed at least 40 hours of mediation training, as follows:

COURSE TITLE	TRAINER	# OF TRAINING HRS	DATE	LOCATION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

____ 3. I certify I am in compliance with MCWP continuing mediation education requirements.

For the 2018 Directory, this means completion of five (5) hours of advanced mediation training/education in 2017. You may carry over excess continuing ed credits for one year (for example, if you earned 10 credits in one year, 5 may be carried over and applied for the following year).

FOR TRAINERS: You may list below trainings you conducted in 2017 that total at least 5 hours.

TITLE	# OF HRS	GENERAL CONTENT

____ 4. I have a bachelor's degree, as follows:

(Name of institution, degree obtained, year).

OR, in lieu of a degree:

____ A. I am a Practitioner Member of the Association for Conflict Resolution or other nationally recognized professional mediation organization,

OR

____ B. I am submitting for evaluation by the MCWP Board of Directors verification of a minimum of 25 hours experience mediating cases and copies of two (2) mediation memoranda that I have prepared.

____ 5. I have current mediator liability insurance coverage, and a copy/verification of that coverage is attached to this application.

(PLEASE EMAIL COPY OF INSURANCE VERIFICATION WITH THIS FORM; IT SHOULD SHOW PERIOD OF PAID UP COVERAGE AND NAME OF INSURANCE COMPANY.)

____ 6. I agree to be bound by the Ethics and Standards of Conduct adopted by MCWP, which I have read and understand.

____ 7. I agree to include in my private mediation agreements a clause substantially in the following form:

"Each party agrees that the mediator may discuss the mediation to the extent necessary to respond to a complaint filed in any forum challenging the manner in which the mediator carried out his/her professional responsibilities."

____ 8. I have earned the degree/license/certificate initials that appear after my name.

For your listing, circle the categories, that describe your practice:

1. Community Mediation
2. Civil Mediation
3. Family Mediation
4. Business/Commercial Mediation
5. Workplace Mediation
6. General Mediation
7. All of the above

APPLICANT'S SIGNATURE / PRINTED NAME

DATE