

United States Department of Health and Human Services

DEPARTMENTAL APPEALS BOARD

Alternative Dispute Resolution (ADR) Division

Thank you for expressing interest in an ADR training course. To register for a course, complete this form and submit it to ADR@hhs.gov.

If the course you register for is full, you will be wait-listed. You will be notified only when you are selected (not wait-listed) for a course.

***Required to fill**

Name*

Date*

Agency*

Position Title*

E-mail*

Phone*

Select the course you would like to register for*

Have you received approval from your supervisor to attend this course?*

Basic Mediation Skills

Yes

No

Conflict Management Skills

Advanced Mediation Skills

Negotiation Skills

Transformative Mediation Skills

Have you taken this course before?*

If yes, when did you take it? (Month/Year)*

Yes

No

Please list the date of the course you are interested in and your reason for taking this course?*

This section will be completed by the HHS ADR staff.

Registrant:

Selected, attendance confirmed

Wait-listed

Other