



Office for Alternative Dispute Resolution



Republic of the Philippines
Department of Justice

OFFICE FOR ALTERNATIVE DISPUTE RESOLUTION

Date Received: _____
Application No. : _____
O.R. No. _____
Certificate of Accreditation No.: _____
Date Issued: _____

To be accomplished by OADR Personnel only

OADR Form No. 003
APPLICATION FOR ACCREDITATION
ADR Practitioner or ADR Neutral

This application is hereby made for accreditation as an individual Alternative Dispute Resolution (ADR) Practitioner or ADR Neutral pursuant to the Accreditation Guidelines and Training Standards of the Office for Alternative Dispute Resolution (OADR).

Note: Please check the appropriate box(es) as applicable and fill-in the required information.

TYPE OF APPLICATION	
<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal

PERSONAL INFORMATION		
Name:		
Home Address:		
Occupation:	Telephone No.:	Mobile No.:
Email Address:		
Name of Office:		
Office Address:		
Office Telephone No.:	Office Email Address:	

ADR FIELD APPLYING FOR ACCREDITATION			
<input type="checkbox"/> Mediation	<input type="checkbox"/> Arbitration	<input type="checkbox"/> Conciliation	<input type="checkbox"/> Negotiation
<input type="checkbox"/> Early Neutral Evaluation	<input type="checkbox"/> Mediation-Arbitration [Med-Arb]	<input type="checkbox"/> Mini-trial	

ADDITIONAL INFORMATION (if applicable)
Name of proposed partner government agency/ies:
Title of proposed ADR program/training with partner government agency/ies:

ACCREDITATION REQUIREMENTS

(Please submit original print-out copy and electronic copy saved in a USB flash drive or e-mailed to acd.oadr.doj@gmail.com).

- Two copies of duly accomplished and notarized application form (OADR Form No. 003);
- Signed Curriculum Vitae or OADR Form No. 003-A showing relevant ADR trainings and experiences;
- Copy of Syllabus/brochure/program indicating training courses, training courses taken, names of instructors, corresponding training hours and training duties or any other similar documentation indicating nature and duration of training received;
- Copy of certificate/s or other proof of attendance to relevant ADR trainings; and
- Proof of payment of application fee

OADR PRIVACY STATEMENT

The required and submitted information shall be processed, stored and/or disposed in accordance with R.A. No. 9285 (ADR Act of 2004), its Implementing Rules and Regulations, DOJ Circular No. 049, s. 2012 and other relevant laws, rule and regulations; and shall be accessed/documentated/used by authorized personnel for the following purposes only:

1. Processing and evaluation of accreditation/certification applications;
2. Publication/public information/online posting of roster of accredited ADR providers;
3. Compliance monitoring; and
4. ADR research and policy development.

Date Signed

Signature over Printed Name of Applicant

REPUBLIC OF THE PHILIPPINES)
) S.S.

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, at _____, Philippines. Affiant personally appeared and exhibited to me his/her _____, with his/her photograph and signature appearing thereon, with no. _____ issued on _____ at _____, Philippines.

Doc No. _____;
Page No. _____;
Book No. _____;
Series of 20_____.