STATE OF NORTH CAROLINA

APPLICATION FOR CERTIFICATION TO CONDUCT SUPERIOR COURT MEDIATIONS

| | 017(12 01 10 | | | 001 | LINION GOO! | IN MEDIATION | , | |
|--------------------------------------|--|---|---|---|---|---|--|--|
| | | | | G.S. 7A-38.1; Rules for Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions | | | | |
| lame A | nd Address Of Applicant | | | Date Of Birth | Email Address | coadioo iii ouponoi oodi | . Own Actions | |
| | • • | | | | | | | |
| | | | | Tolonhono No | | Fox No | | |
| | | | | Telephone No. | | Fax No. | | |
| comple Disput Resolu reques | RUCTIONS: Attorney applicate Section III. All applicants are Resolution Commission, Polition Commission. Effective lat additional information from | must complete the rema O Box 2448, Raleigh, N February 28, 2025, the applicants as needed to | aining sections. Pleas C 27602. Please enc NCDRC will charge o process their applica | se type or print and lose a check for you a \$200.00 applica ations. | mail this form with the ur prorated certification tion certification fee. | required attachments to to n fee made payable to the n The Commission reserve | he NC NC Dispute es the right to | |
| | y for certification as a me for Mediated Settlement | | | | | | nd the | |
| | SECTION I | . REQUIREMENT | S FOR CERTIFI | CATION OF A | TTORNEYS LICE | ENSED IN NC | | |
| confe 1. B / | plete this section only if your rences. AR ADMISSION m a member in good standir | • | | | or certification to co | onduct mediated settle | ement | |
| | ate Of Admission | ig of the North Carolina | a State Dat. Nule o(a | North Carolina Ba | ar No. | | | |
| | | | | | | | | |
| l 2. W | ule 8(a)(2). ☐ have ☐ have not ORK EXPERIENCE | been forced to for | feit my license to | practice law in ar | ny state. Rule 8(a)(| | | |
| I h | ave at least <u>five</u> years of exp | perience after date of li | censure as a judge, | practicing attorney | , law professor and/oi | mediator, or equivalent | experience. | |
| | | Dates | Jı | urisdiction/Add | ress | Briefly Describe E | Experience | |
| | Judge | | | | | | | |
| | Practicing Attorney | | | | | | | |
| | Law Professor | | | | | | | |
| | Mediator | | | | | | | |
| | Other | | | | | | | |
| | RAINING (Complete only st) I have completed at lea Commission. Rule 8(a) | st forty (40) hours of | trial court mediati | | rogram certified by | | lution | |
| | | | | | | | | |
| | NOTE: If the program you resumes, and all course m | | n certified by the NC | Dispute Resolutio | n Commission, pleas | e submit copies of the ag | enda, traine | |
| (b |) I am currently certified I and I have completed a Commission. Rule 8(a) | 16-hour supplemen | tal trial court medi | ation training pro | | | | |
| | Program Title | () () | | Date Of Training | Training Con | ducted By | | |
| | SECTION II DECI | HIDEMENTS FOR | CEDTIFICATIO | NI OE ATTOR | JEVE LICENSES | IN OTHER STATE | · e | |
| Comp | olete this section only if you | | | | | IN OTHER STATE | | |
| | ment conferences. | ou are a nicenseu allo | omey not admitted | i iii Norui Carolin | a applying 101 certi | neation to conduct me | uiai c u | |
| 1. L E | EGAL EDUCATION AND | BAR ADMISSION | | | | | | |

I am a graduate of the following law school: Rule 8(a)(2)(a)(2).

| Name Of Law School | Location Of Law School | Year Graduated |
|--------------------|------------------------|----------------|
| | | |

| l ar | n a member i | in good standing o | f the Bar of the followir | ng state: Rule 8(a)(2)(| (a)(2). | | | | | | |
|------|---|--------------------|--|---------------------------------------|---------------------------|-------------------------|-------------------|------------------|--|--|--|
| | Date of Admi | ission | | State | | Bar | No. | | | | |
| | I am Rule 8(a)(2 | | currently suspended | or disbarred from th | he practice of law | by the attorney lice | ensing authority | of any state. | | | |
| | I have | e | been forced to for | rfeit my license to p | ractice law in any | state. Rule 8(a)(2) |). | | | | |
| 2. | . WORK EXPERIENCE I have at least <u>five</u> (5) years of experience after date of licensure as a judge, practicing attorney, law professor and/or mediator, or equivalent experience. Rule 8(a)(2)(a)(3). Following is the experience I wish to have considered: | | | | | | | | | | |
| | | | Dates | State | /Jurisdiction/Add | dress | Briefly Desci | ribe Experience | | | |
| | UJudge | 9 | | | | | | | | | |
| | ☐ Pract | icing Attorney | | | | | | | | | |
| | Law F | Professor | | | | | | | | | |
| | Media | ator | | | | | | | | | |
| | Other | • | | | | | | | | | |
| 3. | | | ubsection (a) or subsec | | | | | | | | |
| | | | least forty (40) hou B(a)(1). <i>(Attach a copy</i> | | | program certified | by the NC Disp | ute Resolution | | | |
| | | gram Title | | | Date Of Training | Training C | Conducted By | | | | |
| | | | you attended has not | | NC Dispute Resolut | tion Commission, ple | ase submit copies | s of the program | | | |
| | _ | | es, and all course mate ed by the NC Disput | | mission to conduc | t family financial m | ediations in Nor | th Carolina | | | |
| | and | I I have complete | ed a 16-hour supplei | mental trial court me | ediation training p | | | | | | |
| | | | B(a)(1). (Attach a copy | of your certificate of t | | I= | | | | | |
| | Pro | gram Title | | | Date Of Training | Training C | Conducted By | | | | |
| | cou | | ny application a lette Il terminology, and c | | | | | | | | |
| 1 | | OF REFERENC | | | | | | | | | |
| ᅻ. | ☐ I have a | attached to my a | pplication three (3) of my practice as ar | | | ood character, inclu | ıding at least or | ne letter from a | | | |
| | F | | ION III. REQUIR | · · · · · · · · · · · · · · · · · · · | | OF NON-ATTOR | RNEYS | | | | |
| Co | mplete this | | ou are a non-attorne | | | | | | | | |
| | TE: Comple | ete only subsecti | on 1 <u>or</u> subsection 2 | below. (All non-attor | | | | | | | |
| | (a) | I have complete | ON AND EXPERIEN d twenty (20) hours mission. Rule 8(a)(2 | of basic mediation | training provided | by a trainer accept | able to the NC I | Dispute | | | |
| | | Program Title | | Name Of Trainer | | Sponsoring Organization | n | Date | | | |
| | | NOTE: 16 | | | ., . | | | 1:5: 1 | | | |
| | | | nnot provide exact infor articipation, please atta | | | | | | | | |
| | | | the 20-hour training uivalent experience. | Rule 8(a)(2)(b)(3). | | | | f at least three | | | |
| | | Year | No. Of Cases | Mediated | ctice, Office Or Agency F | or Which You Conducted | The Mediations: | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | ve experience equivale | | | | | | | | |
| | (c) | | Commission reserves the -year degree from a | • , | | • | | | | | |
| | ☐ (d) | I possess at lea | . <i>)</i> st four (4) years of p ntity. Rule 8(a)(2)(b) | | | | | | | | |
| | | | reserves the right to re | | | | you mon | | | | |

| | | - | subsection 2 if you completed s D EXPERIENCE | ubsection 1 a | above. | | | | | |
|------|--|---|---|-------------------------------------|---|---|---|--|--|--|
| | _ ` ' | I possess | a four-year degree from an accredi | ted college or | university. Rule 8(a |)(2)(b)(3). (Attach a cop | y of your diploma or | | | |
| | (b) I possess at least ten (10) years of professional, management or administrative experience in a professional, business or governmental entity. Rule 8(a)(2)(b)(3). Please attach a copy of a resume or letter highlighting the experience you wish the Commission to consider. The Commission reserves the right to request additional information about your work experience. | | | | | | | | | |
| 2 | (c) I possess a master's degree or doctoral degree in alternative dispute resolution studies and I possess at least five (5) years of high or relatively high level professional or management experience of an executive nature in a professional, business, or governmental entity. Rule 8(a)(2)(b)(3). Please attach a copy of a resume or letter highlighting the experience you wish the Commission to consider. The Commission reserves the right to request additional information about your work experience. 3. OBSERVATIONS | | | | | | | | | |
| 3. | These | observatic | ons must be completed in addition to | | | d by Rule 8(a)(3)(b). (5 | Section IV below). | | | |
| | | | our certificates of observation signed by | the mediators.] | 1 | | | | | |
| | | ate Of ervation | County Where Case Observed Was Filed | | Name Of Media | ator | Case/File No. Of Case Observed | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | Court ca Office of Carolina | ase; the oth f Administra a. Disputes | ns must be conducted by at least ers may be of cases pending before and ative Hearings, a North Carolina Superio mediated prior to litigation upon agreem bugh settlement or impasse. | d ordered into m r Court, the No | nediation by the North (rth Carolina Court of A | Carolina Industrial Comm opeals, or the U.S. Distric | nission, the North Carolina ct Courts for North | | | |
| 4. | SUPER | RIOR COU | IRT TRAINING (Complete only subs | | | | | | | |
| | | | l and completed at least forty (40) hen Commission. Rule 8(a)(1). (Attach | | | ig in a program certifie | ed by the NC Dispute | | | |
| | | Program Tit | lle | | Date Of Training | Training Conducted By | | | | |
| | | | he program you attended has not been nd all course materials. If the training yo | | | | | | | |
| | . , | and have | ently certified by the NC Dispute Rescompleted a 16-hour supplemental on. Rule 8(a)(1). (Attach a copy of you | trial court me | diation training prog | | | | | |
| | | Program Tit | ile | | Date Of Training | Training Conducted By | | | | |
| | (c) I attended and completed at least six (6) hours of training on North Carolina court organization, legal terminology, civil court procedure, the attorney-client privilege, the unauthorized practice of law and common legal issues arising in Superior Court, conducted by a trainer certified by the Commission. Rule 8(a)(2)(b)(1). (Attach a copy of your certificate of training or a letter from your trainer.) | | | | | | | | | |
| ☐ 5. | 5. LETTERS OF REFERENCE I have attached to this application three (3) letters of reference attesting to my good character, including at least one (1) letter from a person with knowledge of my experience claimed in Rule 8(a)(2)(b)(3). Rule 8(a)(2)(b)(2). | | | | | | | | | |
| 6. | 6. PROFESSIONAL STANDING | | | | | | | | | |
| | (a) | If you are ☐ Yes | a professional, are you currently a r | member in go please explain. | | profession? Rule 8(a)(| (5). | | | |
| | (b) | Has your l | icense to practice your profession ev | er been suspe s, please explair | | nave you been asked to | o forfeit it? Rule 8(a)(5). | | | |
| | (c) Have you been disbarred by an attorney licensing authority in any state? Rule 8(a)(5). Yes No Not Applicable (If yes, please explain.) | | | | | | | | | |

| | SECTION IV. OBSERV | ATIONS - TO BE COMPLETED BY ALL APPLICANTS | | | | | | | |
|--|---|---|--------------------------------|--|--|--|--|--|--|
| OBSERVATION I have observed | two (2) mediated settlement confer | rences conducted by a mediator(s) certified in North Carolina, at I a)(3)(a). (Attach a copy of your certificates of observation signed by the n | | | | | | | |
| Date Of Observation | County Where Case Observed Was Filed | Name Of Mediator | Case/File No. Of Case Observed | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| NOTE: At least one (1) of these mediations must be of a North Carolina Superior Court case; the others may be of cases pending before and ordered into mediation by the North Carolina Industrial Commission, the North Carolina Office of Administrative Hearings, a North Carolina Superior Court, the North Carolina Court of Appeals, or the U.S. District Courts for North Carolina. Disputes mediated prior to litigation upon agreement of the parties shall be eligible for observations. Each mediation shall be observed from beginning through impasse or settlement. | | | | | | | | | |
| | SECTION V. FARM MEI | DIATION - TO BE COMPLETED BY ALL APPLICANTS | | | | | | | |
| (All applicants mu | st complete this section) | | | | | | | | |
| 1. PRE-LIT | IGATION FARM NUISANCE MEDI | ATION PROGRAM | | | | | | | |
| l □ar | | inted or selected to conduct farm mediations pursuant to G.S. 7A- | -38.3. | | | | | | |
| NOTE: 0 | | m are available online or through the Commission's Office. BILITY - TO BE COMPLETED BY ALL APPLICANTS | | | | | | | |
| (All applicants mu | st complete this section) | BILITY - TO BE COMPLETED BY ALL APPLICANTS | | | | | | | |
| INDICATE JUDICIAL DISTRICTS IN WHICH YOU WISH TO MEDIATE UPON PARTY SELECTION IN SUPERIOR COURT CIVIL ACTIONS: All Judicial Districts Select Judicial Districts (Review the attached map and list districts below.) INDICATE JUDICIAL DISTRICTS IN WHICH YOU ARE WILLING TO ACCEPT COURT APPOINTMENTS TO MEDIATE SUPERIOR COURT CIVIL ACTIONS:* | | | | | | | | | |
| conta eligik | act districts they have specified directly t | udicial districts of your interest in receiving court appointments. However, to learn of any local rules or policies relating to appointment of mediators tact information for local staff is available through this office. The NCAOC ww.nccourts.gov. | and to verify their | | | | | | |
| | SECTION VII. CLERK MEDIAT | ION PROGRAM - TO BE COMPLETED BY ALL APPLICA | ANTS | | | | | | |
| ` '' | st complete this section) | | | | | | | | |
| . — | MEDIATION PROGRAM PARTICI | | I. (. 6 | | | | | | |
| l ∐aı guardian | m am not | clerk program mediations pursuant to G.S. 7A-38.3B <u>excluding m</u> | ediations of | | | | | | |
| | | e forwarded information about accessing rules and forms. | | | | | | | |
| a. INDI O <u>MED</u> A | , | | I EXCLUDING | | | | | | |
| MED | CATE COUNTIES IN WHICH YOU IATIONS OF GUARDIANSHIP ANI selected Counties (Review the attache | | ENT <u>EXCLUDING</u> | | | | | | |

*The Commission will notify the Clerks in the above listed counties of your interest in receiving appointments. However, mediators should contact counties they have specified directly to learn of any local requirements relating to appointment of mediators and to verify their eligibility to receive Clerk appointments. Contact information for local Clerk staff is available through the Commission's office.

3. Please check here to receive a certification application packet to conduct mediations of guardianship and estate matters referred by Clerks of Superior Court.

| | | | | SECTIO | ON VIII. C | HARACTER | | | |
|--------------|------------|---|---|---|--|--|---|--|--------------------------------------|
| (All ap | plicants n | nust comp | lete this section) | | | | | | |
| 1. | | ATTORI Judicial licensed informat resulting informat | ON AND RELEASE NEY/JUDGE APPLICA Standards Commission to practice law or have ion on all complaints fil in non-public disciplin- ion about the circumsta | n, and/or the dis e served as a m ed against me, e. In addition, I ances surround | sciplinary ag nember of the including be authorize a ing the san | gency of any other s ne judiciary, provide ut not limited to thos ny judge who has sa | tate in which to the NC D se administra | n I am licensed or ispute Resolution atively dismissed a | have been Commission and those |
| | | | it's North Carolina Stat ed to practice law in oth | | | llowing: | | | |
| | | State | Name Of Disciplin | ary Agency | | Address | | Telephone No. | Attorney's ID No. |
| | | | | | | | | | |
| | (b) | provide f and all o discipling North Ca List nam | arolina Professional Lic e, address and telepho | pispute Resoluti me, including be ense/Certificatione number of the | on Commisout not limit ion No the North C | esion information reg ed to those administ arolina licensing/cer | arding the s ratively dism | tatus of my licens nissed or resulting | e/certification |
| | | If license | ed/certified as a profess | | states, com | plete the following: | | | Applicant's |
| | | State | Name Of Disciplin | ary Agency | | Address | | Telephone No. | ID No. |
| | | | | | | | | | |
| | (c) | for quality NC Disp administration administration administration and the contraction of t | PLICANTS WHO HAV fying and regulating the ute Resolution Commis tratively dismissed or re tates in which you have ncies responsible for qu | e conduct of ne ssion copies of esulting in non- e served as a m | utrals in an all complai public disci nediator or | y state where I serve nts filed against me oline. other neutral: | ed as a medi in that state, | ator or neutral to including but not | provide to the |
| | | State | Name Of Disc | ciplinary Agen | су | Address | | | Telephone No. |
| | | | | | | | | | |
| 2. RI | | | IINAL CONVICTIONS/ u ever been convicted | | | | ``` |)(5)) (If yes, please exp | olain.) |
| | | guilt ro wheth any st | urposes of this applicat esulting from a plea or er imposition of senten ate, federal, military, o | a trial of a felor ace was suspen r foreign court. | ny or misde | meanor, regardless on victions as an adult | of whether a are to be re | djudication was w | ithheld (PJC) or |
| | (b) | Do you l | nave any pending crimi | nal matters? | ☐ Yes [| No (If yes, plea | ase explain.) | | |

2.

| , , | Within ten (10) years of the date of this application: Have you been subjected to disciplinary action by any professional/ regulatory agency? Have you been sanctioned by a judge? Have you been the subject of any complaints, grievances, or other such matters filed before a professional body or before an officer of the court? Yes No (If a grievance or other complaint has been filed against you in the last ten (10) years, please attach a copy of the grievance and your response to it. Attach a copy of any document informing you that you were reprimanded, censured or otherwise disciplined and a copy of the dismissal of any grievance or other complaint.) | | | | | | | | | |
|---|---|--|---|---|--|--|--|--|--|--|
| | (d) Have any professional privileges held by you ever been suspended or revoked in any state at any time? Have you ever been suspended or revoked in any state at any time? Have you ever been suspended or revoked in any state at any time? Have you ever been suspended or revoked in any state at any time? If yes In any state at any time? Yes In No (If yes, please explain below and identify the licensing/regulatory body involved and provide contact informations.) | | | | | | | | | |
| (e) | | | | | | cord Search, included in the application | | | | |
| | packet. (Please return AOC-A-210 to the Commission with your completed application. The DRC will complete the record search.) f) Within ten (10) years of the date of this application: Have any civil judgments been taken against you? Have any tax liens been filed against you? Have you filed for bankruptcy? Yes No (If yes, please explain.) | | | | | | | | | |
| | (g) Whether or not you were formally qualified, <i>i.e.</i> , certified, registered, <i>etc.</i> , have you ever been barred or suspended from serving as a mediator or as a neutral in any court, non-profit agency or other body? Yes No (If yes, please explain.) | | | | | | | | | |
| ☐ (h) | of exper professi I unders complain receiving | iencing or being notificenal license; any judicense; any judicentand that once certified the filed with or actions of the matter | ed of: any criminal convi ial sanction(s); any tax li d, I am required to repor n(s) taken by any profes | ction(s); ien(s); ar t to the N sional lic rievance | any disbarments ny civil judgment IC Dispute Reso ensing or regula or complaint is p | olution Commission within thirty (30) days (s), revocation(s) or suspension(s) of a (s); or any filing(s) for bankruptcy. Olution Commission any disciplinary tory body no later than thirty (30) days after permitted by the professional licensing, r the response. | | | | |
| | | | CERTIFICATION | ON AND | RELEASE | | | | | |
| am of good merules adopted without chargi and reference | oral char by the S ng for tra s provide | acter; I will adhere to a upreme Court of North ansportation. In signing | all ethical rules and othe n Carolina for mediation g below, I authorize any | er rules a of civil ca individua | dopted by the No ases; and I agree als, courts, regula | pplication to the best of my knowledge. I C Dispute Resolution Commission and all e to mediate indigent cases without pay and atory or other bodies, employers, trainers, ocess, to release information about me to | | | | |
| SWORN/AF | FIRME | O AND SUBSCRIBE | ED TO BEFORE ME | Date | | | | | | |
| Date | Sig | gnature Of Person Authorized | d To Administer Oaths | Signature | Signature Of Applicant | | | | | |
| Title Of Person Aut | thorized To | Administer Oaths | | Name and | d Address of Applicar | nt (type or print) | | | | |
| Notary Date My Commission Expires | | | | | | | | | | |
| SEAL | Со | unty Where Notarized | | | | | | | | |
| | | | FOR COMMISS | SION US | SE ONLY | | | | | |
| Procedures in | Superio | | | | | lement Conferences and Other Settlement irt ordered mediated settlement | | | | |
| Date | | Name (type or print) | | | Signature | | | | | |

STATE OF NORTH CAROLINA

JUDICIAL BRANCH OF GOVERNMENT Human Resources Division PO Box 2448 Raleigh, NC 27602

CRIMINAL AND SEX OFFENDER RECORD SEARCH

| | <u> </u> | | | NA | ME | | | | |
|-------------------------------------|---------------------|---------------|---------------|-------------------|-----------------------|-----------|----------------------|----------------------------|----------|
| Last Name | | | First Name | | | | Middle Name | | |
| | | | | DRIVERS | LICENSE | | | | |
| Drivers License No. | | | State | | | | Date Of Birth | | |
| | | | | ADDI | RESS | | | | |
| If you have moved | d within the last s | seven (7) ye | ars, please | complete th | ne following | informati | on. Attach add | litional pages if ned | cessary. |
| Current Street Address | | | | | | | | Dates Of Residency From | То |
| City | | | County | | | State | | Zip | |
| Previous Street Address | • | | | | | 1 | | Dates Of Residency From | То |
| City | | | County | | | State | | Zip | |
| Previous Street Address | | | | | | 1 | | Dates Of Residency From | То |
| City | | | County | | | State | | Zip | |
| Previous Street Address | • | - | | | | | | Dates Of Residency From | То |
| City | | | County | | | State | | Zip | |
| | | | | PREVIOU | S NAMES | | | | |
| List ALL previous necessary. | names used an | d the effecti | ve dates of e | each (includ | ding married | l, maiden | and aliases). | Attach additional p | ages if |
| Last Name | | First Name | | | Middle Name | | Effective Dates From | То | |
| Last Name | | First Name | | | Middle Name | | Effective Dates From | То | |
| Last Name | | First Name | | | Middle Name | | Effective Dates From | То | |
| I certify that the int | formation given | is true and | correct. | | | | | | |
| Date | | | | | Signature | | | | |
| | | | | SEARCH | RESULTS | | | | |
| Results Of Crimin | nal Record Sea | rch (ACIS/0 | CCIS) | | Results O | f Sex Of | fender Search | 1 | |
| ☐ No Record F☐ Following R | | | _ | Record Footing Re | ound cord(s) Found | | | | |
| Date Offense | | | | Date | (| Offense | | | |
| Date Offense | | | | | Date | Offense | | | |
| Date | Offense | | | | Date | | Offense | | |
| Completed By | | | | | Completed By | , | | | |
| | | | | | | | | | |

CERTIFICATE OF OBSERVATION

Mediated Settlement Conference Program

Rule 8(a)(3) of the Rules for Mediated Settlement Conferences and Other Settlement Procedures in Superior Court Civil Actions

Note: All applicants for mediator contification are advised to review the Observer Conduct and Cuidelines for Applicants Fulfilling

| | | | | 3) prior to completi | | servations.* |
|----------------|-----------------|-------------------|-------------------|----------------------|-------------|---|
| In Person: | Yes | □No | | | | |
| Pre-Litigation | : Yes | No | | | | |
| Case Caption | າ: | | | | | |
| Case/File No | .: | | | | | |
| I hereby certi | • | | | | | |
| 1. I am curre | ently certified | d by the NC Dis | pute Resolution C | Commission as a su | perior cou | rt mediator. |
| 2. On | (date) | | , I conducted a | mediated settleme | ent confere | nce in the above matter, which was observed by |
| | (tuno or pri | nt name of observ | fro | m the beginning of | the mediat | ion until its conclusion by settlement or impasse |
| | (type or pri | nt name or observ | /er) | | | |
| | | | | | | |
| | | | | | | Signature Of Mediator |
| | | | | | | |
| | | | | | | Name Of Mediator (type or print) |
| | | | | | | |
| | | | | | | Email Address Of Mediator |
| | | | | | | |
| This, the | | day of | | 20 | | |
| | | | | | | |

*Attorney applicants must observe two (2) mediated settlement conferences conducted by a certified superior court mediator from beginning to impasse or settlement, at least one (1) of which must be of a superior court case. Conferences eligible for observation are those disputes mediated prior to litigation by agreement of the parties, or cases pending before the NC Superior Court, the NC Court of Appeals, the NC Industrial Commission, the NC Office of Administrative Hearings, the US District Courts for North Carolina, or the NC Department of Labor, that are ordered to mediation or conducted by agreement of the parties, and which are conducted in accordance with the rules for mediation of the applicable entity. MSC Rule 8(a)(3).

Non-attorney applicants must observe five (5) mediated settlement conferences conducted by at least two (2) different certified superior court mediators from beginning to impasse or settlement, at least two of which must be of superior court cases. Conferences eligible for observation are those disputes mediated prior to litigation by agreement of the parties, or cases pending before the NC Superior Court, the NC Court of Appeals, the NC Industrial Commission, the NC Office of Administrative Hearings, the US District Courts for North Carolina, or the NC Department of Labor, that are ordered to mediation or conducted by agreement of the parties, and which are conducted in accordance with the rules for mediation of the applicable entity. MSC Rule 8(a)(3).