



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
Board of Family Mediator Certification  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**INITIAL APPLICATION  
CHECKLIST**

**I. Name of Applicant** \_\_\_\_\_

**II. \_\_\_\_\_ Application Fee - \$300: Payable to "Treasurer, State of NH"**

**III. \_\_\_\_\_ Application Part 1: Public Information**

- |  |   |
|--|---|
| <p>_____ 1. Name<br/>_____ 2. Mediation Business Name (optional)<br/>_____ 3. Mediation Mailing Address, Phone &amp; Email<br/>_____ 4. Mediation Practice Setting(s)<br/>_____ 5. Mediation affiliations (last 5 years)<br/>_____ 6. ~Higher education, provider and dates of attendance<br/>_____ 7. ~24 hours of Mediation Training (provider &amp; dates)<br/>_____ ~Is core older than 3 years old - Include Additional Requirements Page<br/>_____ 8. ~16 hours New Hampshire law training (NH provider &amp; dates)<br/>_____ 9. ~Domestic Violence training (NH provider &amp; dates)<br/>_____ 10. ~Internship completed? (minimum: 2 cases)<br/>_____ Regular (min: 20 hrs/3 agreements) _____ FLP/MHP (min: 10 hrs/2 agreements)<br/>_____ Case Summaries attached<br/>_____ Mediated agreements attached<br/>_____ Supervisors named</p> <p><b>Yes No *FL/MH Practitioner</b></p> <p>_____ 11. ~If Yes – Must have copy diploma/transcript + current letter of good standing<br/>_____ Practiced 7 years?<br/>_____ Practice description last 3 years<br/>_____ Jurisdictions last 7 years<br/>_____ 1/3 of practice - divorce/parenting?</p> <p>_____ 12. Agree to Abide by Model Standards<br/>_____ 13. Description of mediation experience (if any)<br/>_____ 14. ~Any other mediation licenses/certificates held?<br/>_____ 15. ~Any other licenses/certificates held?<br/>_____ 16. Name/address of certifying agency and dates<br/>_____ 17. ~Past discipline action concerning mediation license/certification<br/>_____ 18. ~Pending discipline action concerning mediation license/certification<br/>_____ 19. ~Abuse finding/License revocation/Felonies/misdemeanor convictions<br/>_____ 20. Fee<br/>_____ 21. Signed and dated</p> | <p style="text-align: center;"><i>~ Items with this symbol<br/>have a required<br/>supporting document.</i></p> |
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**III. \_\_\_\_\_ Application Part 2: Confidential**

- \_\_\_\_\_ 1. Name  
\_\_\_\_\_ 2. Prior name (if changed)  
\_\_\_\_\_ 3. Home Addresses  
\_\_\_\_\_ 4. Home Telephone number  
\_\_\_\_\_ 5. Home Email (optional)  
\_\_\_\_\_ 6. Birth date and place  
\_\_\_\_\_ 7. Employment names & addresses

**Reminder:**  
Submit original + and 2  
copies of all materials.

- 8. Past employment
- 9. Social Security number
- 10. Names/Addresses of 3 recommendations
- 11. Signed and dated

**IV. Required Documentation: *These attachments should be separate from the application.***

- 1. Authenticated document showing Bachelors degree or higher – may be sent directly to Board
- 2. Core Mediation training (24 hours)
- 3. New Hampshire training (16 hours, may be taken with Core)
- 4. D.V. training (8 hours, may taken with Core)
- 5. Internship
  - Case summary form + 50 word synopsis for each case
  - Mediated Agreement(s)
    - No more than 5 Agreements
    - One “complete” case w/in last 12 months
    - Information identifying the parties redacted
    - Paragraph format

**Board’s Mailing Address**  
 Family Mediator Certification Board  
 c/o Office of Professional Licensure  
 & Certification  
 7 Eagle Square  
 Concord, NH 03301

**If applicable,**

- Family Law Practitioner?
  - Copy of diploma or transcript
  - Letter of good standing from NH Supreme Court
- Mental Health Practitioner?
  - Copy of diploma or transcript
  - Letter in good standing from Board of Mental Health Practice
- Core more than three years?
  - Additional Requirements Sheet
  - Completion certificates for the additional training: 3 hours each, within last 12 months
    - Family Law update
    - Mediator Ethics
    - DV
    - Mediation Skills
- Copies of other licenses/certificates
- Statement(s) describing disciplinary violations
- Statement(s) describing revocations or criminal convictions

**V. Sent directly to the Board**

- Evaluations for each case from each supervisor
- Three (3) Letters of Recommendation
  - Letters from all intern supervisors required

**If needed, who else can send recommendations:**

1. Director of core mediation training program
2. Co-mediators
3. Attorneys for parties in case mediated by intern