



# State of New Hampshire

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

DIVISION OF TECHNICAL PROFESSIONS

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JOSEPH G. SHOEMAKER

Director

PETER DANLES

Executive Director



## Family Mediator Certification Board Request for Continuing Education Course Approval

1. Name of Person making this request \_\_\_\_\_

2. Contact information: Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Are you      Provider         Student  

4. Course Sponsor (Organization or Entity) \_\_\_\_\_

5. Is this a request for  
Pre-approval         (If possible, submit at least 60 days prior to the course date)  
Approval            (Course already occurred.)

6. Name of Course \_\_\_\_\_

7. Date/Time/Location \_\_\_\_\_

8. A brief description of how the course will update or enhance certified mediator’s knowledge of families and family law; improve the professional competence of the mediators; or equip mediators to work effectively within ethical boundaries. Refer to Fam 404.09(h)(i)

9. The Duration Of The Course Excluding Meals And Breaks\_\_\_\_\_

10. Name(s) of Presenter(s)\_\_\_\_\_

11. Approval Requested – **List number of hours per category:**

\_\_\_\_\_ Mediator Ethics\*                      *\*Includes review of Model Standards?*                      YES  NO

\_\_\_\_\_ Mediation Skills\*                      *\*Includes a hands- on component?*                      YES  NO

\_\_\_\_\_ Domestic Violence                      \_\_\_\_\_ Legal Update                      \_\_\_\_\_ Other

\_\_\_\_\_ Family Relationships, Child Development, Impact of Divorce and Separation on Families, Substance Misuse, and Mental Health Factors in Divorce and Separation

Attach the following:

- A summary of the professional qualifications of the person or persons presenting the course, including specifics required under Fam 404.07**
- Copies of handouts** if available.