

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

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

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
121 South Fruit Street, Suite 201
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