



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF TECHNICAL PROFESSIONS
121 South Fruit Street, Suite 201
Concord, N.H. 03301-2412
Telephone 603-271-2219 · Fax 603-271-7928

JOSEPH G. SHOEMAKER
Director
PETER DANLES
Executive Director



Family Mediator Certification Board
MEDIATOR - INITIAL APPLICATION

Instructions: Please print or type.
Attach extra sheets if needed.
If a section does not apply, note "NA."

Part 2: Confidential Personal Data (Fam 302.03(b))

1. Full name _____
2. Other names applicant has used within the last 5 years, dates any such name was used, and the reason for using such other names.

3. Home Address _____

4. Home Phone Number _____
5. Home Email address (optional) _____
6. Date and place of birth _____
7. Current Employer's Name (or place of business) _____
Employer's Address _____

8. List your other employers or places of business for the past 5 years (if applicable).

9. Social Security number (per RSA 161B:11) _____

10. Please list the names and addresses of the three (3) people who will mail under separate cover the letters of recommendation required by Fam 302.05.

A. _____

B. _____

C. _____

Date _____

Signature _____