



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF TECHNICAL PROFESSIONS

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JOSEPH G. SHOEMAKER
Director

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Executive Director



Family Mediator Certification Board
Mediator: Renewal Application

*Instructions: Please print or type.
Attach extra sheets if needed.
If a section does not apply, note "NA."
Attach Required Supporting Documentation: See Fam 402.05*

Part 1: Public Information Fam 402.04(d)

1. Full name _____ Certificate # _____

2. Mediation Business Name (if any) _____

Mediation Business Mailing Address _____

Mediation Business Phone Number _____

Mediation Business E-mail (if any) _____

3. Has any of the information, including name change, certification sanctions or revocations, pending certification disciplinary actions, findings of abuse, or criminal convictions, supplied on a prior application changed?

If Yes, submit an attachment describing the changes.

4. How many cases did the applicant mediate per year during the last three years?

	Start/End Date of Certification	Number of Cases Mediated
Year One		
Year Two		
Year Three		

5. Does the applicant agree to abide by the Model Standards of Practice for Family and Divorce Practice?

6. Has applicant enclosed a check for \$300, payable to the Treasurer, State of New Hampshire, plus an original and two copies of the application and all attachments?
7. Using the chart entitled "Continuing Education" on next page, list the courses taken as continuing education and name of intern(s), if claiming any hours as an Intern Supervisor.

Please note the following:

- A. The courses must have been taken since the applicant's certification or most recent renewal and meet the continuing education requirements of Rule Fam 404.*
- B. All courses must have been approved by the Board or the applicant must submit a request for approval along with the required documentation.*
- C. Applicants must provide documentation, such as a copy of a completion certificate or letter from the provider for each course take.*
- D. The courses must total at least 24 hours.*
- E. The course total must include at least 3 hours in each of the following topics: Mediation Skills, Mediator Ethics, Domestic Violence, Legal Updates and the new category of Mental Health Issues and Family Dynamics.*
- F. At least 16 hours of continuing education must be in-person ("live") rather than videotape, audiotape or on-line.*
- G. Applicants, who present approved continuing education courses, may count two hours for each hour the applicant presented, once per course, during the renewal cycle, to a maximum of 12 hours.*
- H. Additionally, up to 2 hours of Intern Supervision may count toward Mediation Skills, provided applicant has already submitted the required Intern Evaluation(s) and Letter of Recommendation.*

8. Signature Certification

I certify that the information provided on the 2 parts of the renewal application form and the documentation provided to support the application is true, accurate, complete and unaltered, to the best of the my knowledge and belief; and I acknowledge that, pursuant to RSA 641:3, knowingly making a false statement on the application form is punishable as a misdemeanor and grounds for the denial of the application, or grounds for revocation, after notice and the opportunity for a hearing, of certification already issued by the board.

Signature

Date

CONTINUING EDUCATION

Attach additional copies of this page if needed.

Name _____

Initial Certification Date _____

Certification Expiration Date _____

- 24 hours total of Board approved education required
- 3 hours each in Legal Update, Domestic Violence, Mediator Ethics, Mediator Skills & Family Relationships
- Attach documentation for all courses.

TOTAL HOURS REPORTED (All pages) _____

Workshop Title/Name of Intern	Provider/Sponsor	Date(s) of Training	A/R ^A	Type ^B	T/S/I ^C	Hours Per Subject Matter					
						Legal Update	DV	Med. Ethics	Med. Skills	Fam. Relation.	Other
Totals (this page only)											

^A **A/R:** Is course **A** (Approved by Board) or **R** (Request for Board approval form & required documentation attached)

^B **Training Type:** **L** (Live, in person), **A** (Audiotape), **V** (Videotape), **O** (On-line) ***16 hours must be live

^C **T/S/I:** Were you **T** (Teacher), **S** (Student) or **I** (Intern Supervisor)? ***Maximum 2 hrs as Intern Supervisor; Maximum 12 teaching hrs counted 2 hrs for each 1 hr taught