

**FAMILY MEDIATOR
RENEWAL APPLICATION CHECKLIST**

Name of Applicant _____ Certificate # _____

I. _____ Application, Part 1: Public Information

- _____ 1. Name
- _____ 2. Mediation Business
 - _____ Business Name (if any)
 - _____ Mailing Address
 - _____ Phone Number
 - _____ Email
- _____ 3. ~Change in Information since last application?
- _____ 4. Number of Cases mediated
- _____ 5. Agree to Abide by Model Standards
- _____ 6. Check Enclosed and original + 2 copies of all materials
- _____ 7. ~Continuing Education Chart
 - _____ All courses Approved or Request for Approval attached
 - _____ 24 hours total: 16 hours "live" (max 12 teaching hours, count 2:1 once per course)
 - _____ Recent Changes in Law (3 hrs minimum)
 - _____ Domestic Violence (3 hrs minimum)
 - _____ Mediator Ethics (3 hrs minimum)
 - _____ Mediation Skills (3 hrs minimum – may include 2 hrs. intern supervision)
 - _____ Family Relationships (3 hrs minimum)
- _____ 8. Signed and Dated

*~ Items with this symbol
have a required
supporting document.*

II. _____ Application, Part 2: Confidential Information

- _____ 1. Name
- _____ 2. Home Mailing Addresses
- _____ 3. Home Telephone number
- _____ 4. Home email (optional)
- _____ 5. Current Employment
- _____ 6. Signed and dated

Note:
This checklist is
for your personal use.
You do not need to submit
it with your application.

III. _____ Required Documentation

- _____ A. Changes in information
- _____ B. Continuing education
 - _____ Copy course completion certificates
 - _____ Request for approval
 - _____ Request form
 - _____ Supporting documents

IV. _____ Fee - \$300 Payable to: State of NH

Board's Mailing Address
Family Mediator Certification Board
c/o Office of Professional Licensure & Certification
121 South Fruit Street
Concord, NH 03301