



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
Staff Information: Domestic Violence Specialist

Applicant Training Program _____

DV Specialist Name _____

1. Is this specialist also an Applicant Training Program Trainer?

Yes No

If Yes, include the information requested below on their Staff Information Sheet.

If No, provide the rest of information requested below and submit the form.

2. Business Mailing Address _____

Business Phone Number _____

Business Email (if any) _____

3. Is this specialist affiliated with the Coalition or one of its member groups?

Yes No

If Yes, identify that organization _____

4. Is this specialist also a certified Family Mediator?

Yes No

If Yes, Family Mediator Certificate Number _____

5. Has this specialist taken at least 3 hours of Domestic Violence Training within the last 3 years?

Yes No

If Yes, attach documentation of that training.