



**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: NH Law Specialist**

Applicant Training Program \_\_\_\_\_

NH Law 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 a member of the NH Bar Association?

Yes  No

If Yes, attach documentation of Bar membership.

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 training in recent changes in New Hampshire divorce and parental rights and responsibilities procedure, and in relevant New Hampshire and federal law within the last six months, which was not given by the Applicant Training Program and which met the guidelines of Fam 404.03?

Yes  No

If Yes, provide copies of the course completion certificates.

