



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
 Training Program Application for Certification**

Instructions:

1. *Before filling out this application applicants should review the Family Mediator Certification Board’s Administrative Rules, found at http://www.gencourt.state.nh.us/rules/state_agencies/fam.html*
2. *Applicants must submit this Application Form for Certification as well as all required supporting documentation and applicable fees.*
3. *Please print or type.*
4. *Fill in all sections with the requested information. Applicants must fill in “NA,” if question is not applicable.*
5. *Attach additional sheets if necessary.*

Section I: Training Program Identification

1. Full name of Applicant Training Program: _____

2. Other names Applicant Training Program has used in the last 5 years, dates any such name was used, and the reason for using a different name at that time: _____

3. Applicant Training Program Street Address:

4. Applicant Training Program Mailing Address (if different)

5. Applicant Training Program Phone Number _____
6. Applicant Training Program Email address (if any) _____
7. Applicant Training Program Website (if any) _____

Section II: Training Program Staff

8. Fill in the chart with the name and role (s) of each member of the Applicant Training Program Training Staff.

Name	Role: Check all that apply
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist
	<input type="checkbox"/> Director <input type="checkbox"/> Trainer <input type="checkbox"/> NH Law Specialist <input type="checkbox"/> DV Specialist

9. For each person listed on the chart, complete the specific information form listed below which covers all the training roles for that individual and include with the application.

Attachment Director
 Attachment(s) Staff Trainer(s) *do not fill out a staff trainer form for the Director
 Attachment NH Law Specialist
 Attachment DV Specialist

Section III: Basic Mediation Course Specifics

10. List the basic mediation training courses that are scheduled or are anticipated in the next year, with dates, names of specialists, and names of trainers and number of hours each basic trainer will be in attendance.

TRAINING(S)

Dates	Basic Trainers & # hours	NH Law Specialist	DV Specialist

11. Has Training Program Applicant included a copy of the student manual as described at Fam 604.07?

Yes No

12. Has the Training Program Applicant included a copy of the agenda as described at Fam 604.05 (e)?

Yes No

13. Has the Training Program Applicant included a statement describing how each role-play scenarios as described at Fam 604.06 will be incorporated into the training agenda and course scheduled?

Yes No

14. Has the Training Program Applicant included the separate strategy sheets as described at Fam 604.05(f) for each of the types of knowledge and skills listed in Fam 604.04?

Yes No

15. Is the Domestic Violence (DV) Training component being provided by the Coalition or one of its member organizations?

Yes No

If No, has the Domestic Violence Training component been approved by the Coalition?

Yes No

If Yes, attach documentation of that approval.

Section IV: Other Information & Obligations

16. Has any director or staff member of the Applicant Training Program ever been subject to a disciplinary sanction of any kind by any professional licensing or certifying organization?

Yes No

If Yes, are any disciplinary charges pending against any such person in any jurisdiction?

Yes No

If the answer to either question is “Yes,” include a separate sheet on which applicant thoroughly discloses and describes the facts causing this answer.

17. Has any director or staff member of the Applicant Training Program committed any act described in Fam 303.09(c) – (g)?

Yes No

If Yes, include a separate sheet on which applicant thoroughly discloses and describes the facts causing this answer, including the date, charge, and jurisdiction.

18. Will the Applicant Training Program agree to submit a list of attendees for each core course within 30 days of course completion?

Yes No

19. Will the Applicant Training Program agree to submit an Annual Report, on a form provided by the Board, for each calendar year of the certification period, by January 31st of the calendar year following the year reported?

Yes No

20. Will the Applicant Training Program agree to notify the Board in writing within 30 days of any change in the information contained in this application, including changes in training content or trainers?

Yes No

21. Does the Applicant Training Program understand that this certification, if granted, will be valid for 3 years and, to maintain certification, the Applicant Training Program will have to apply for a renewal?

Yes No

22. Has the Training Program Applicant enclosed a check or money order for \$900 payable to the Treasurer, State of New Hampshire?

Yes No

Section V. Signature Certification

Name of representative making this Application _____

Relationship to the Applicant Training Program _____

Representative's Business Address _____

Representative's Business Telephone Number _____

Representative's Business Web Site _____

I certify that the information provided on this application form and the materials provided to support the application are, to the best of the signer's knowledge and belief, true, accurate, complete and unaltered. The signer acknowledges that, pursuant to RSA 641:3, the knowing making of a false statement on the application form is punishable as a misdemeanor. The signer also acknowledges that the provision of false information in the application is a basis for disciplinary action by the Board.

Date

Signature of Authorized Signer

Print Name

Title