



**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**  
**Training Program Application for Renewal of 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](http://www.gencourt.state.nh.us/rules/state_agencies/fam.html)*
2. *Applicants must submit this Application for Renewal of Certification Form 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**

A Full name of Applicant Training Program: \_\_\_\_\_

B Applicant Training Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C Applicant Training Program Mailing Address (if different)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D Applicant Training Program Phone Number \_\_\_\_\_

E Applicant Training Program Email address (if any) \_\_\_\_\_

F Applicant Training Program Website (if any) \_\_\_\_\_

## Section II: Supporting Information

A. Has the course agenda described in Fam 604.05(e) been revised or updated? Yes  No   
If yes, submit a copy of the new agenda.

B. Have any strategy sheets as described in Fam 604.05(f) for each of the types of knowledge and skills listed in Fam 604.04 been revised or updated? Yes  No   
If yes, submit a copy of any strategy sheets that were revised or updated.

C. Have any role-plays been eliminated, revised, or added? Yes  No   
If yes, submit a statement detailing the role-plays, which were eliminated, and describing how each new or revised role-play is incorporated into the training agenda and program schedule.

D. Has the student manual described in Fam 604.07 been revised? Yes  No   
If yes, submit a statement detailing changes and a copy of the new manual. (It will be returned.)

E. Have all directors and training staff taken continuing education required by Fam 604.09(d) and Fam 604.10(d)? Yes  No   
If yes, provide a certificate for each course taken by each director and each trainer showing the name of the course provider, whether participation was through attendance at a live presentation, the topic covered by the course, and the date and number of hours of the course.

F. Since the training program's last application, have any of the directors or training staff **not** met the continuing educational requirements applicable to them? Yes  No   
If yes, submit a statement of explanation.

G. Since the training program's last application, have any of the directors or training staff:

- \* Been subject to disciplinary sanctions in reference to any license, certification, or approval each might hold? Yes  No
- \* Engaged in conduct resulting in the finding of abuse described in Fam 303.09(d)? Yes  No
- \* Had a professional license or certification revoked under conditions described in Fam. 303.09(e)
- \* Been convicted under circumstances described in Fam 303.09(f) or a misdemeanor under conditions described in Fam 303.09(g)? Yes  No

If yes, provide a statement, which thoroughly discloses and describes the facts causing any yes answer.

H. Have there been any changes to the directors or training staff? Yes  No   
If yes, submit a statement detailing each change. In addition, provide all the items listed for each new director and each new trainer.

For each new director:

1. Statement indicating his or her certification number, which portions of the training he or she will present, and his or her qualifications to present such portions.
2. Documentation of completion of the continuing education requirements stated in Fam 703, in the form of transcripts or certificates issued by the course provider(s) showing the name of the course provider, whether participation was through attendance at a live presentation, the topic(s) covered by the course, and the date and number of hours of the course.

3. Documentation of the 50 hours of experience as a presenter required by Fam 604.09(b) to include: course brochures, certificates issued to each student and copies of student-completed evaluation forms.
4. Documentation of the 350 hours of face-to-face mediation in at least 30 family cases required by Fam 604.09(c) in the form of a list of the family cases with the names redacted, showing for each case, the type of case, starting and ending dates, and total number of hours expended on each case.

For each new trainer:

1. Statement indicating his or her certification number, which portions of the training he or she will present, and his or her qualifications to present such portions.
2. Documentation of completion of the continuing education requirements stated in Fam 703, in the form of transcripts or certificates issued by the course provider(s) showing the name of the course provider, whether participation was through attendance at a live presentation, the topic(s) covered by the course, and the date and number of hours of the course.
3. Documentation of the 50 hours of experience as a presenter required by Fam 604.10(b) in the form of at least 10 evaluation forms completed by those taking the 40-hour core mediation training, or at least 20 evaluation forms completed by those attending the continuing education presentations.
4. Documentation of at least 250 hours of face-to-face mediation in at least 30 family cases required by Fam 604.09(c) in the form of a list of the family cases with the names redacted, showing for each case, the type of case, starting and ending dates, and total number of hours expended on each case.

**Section III. 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 for renewal of certification 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

