



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
Board of Family Mediator Certification  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**MEDIATOR - INITIAL APPLICATION**

Instructions: Please print or type.

Attach extra sheets if needed.

If a section does not apply, note "NA."

**Part 2: Confidential Personal Data (Fam 302.03(b))**

1. Full name \_\_\_\_\_
2. Other names applicant has used within the last 5 years, dates any such name was used, and the reason for using such other names.  
\_\_\_\_\_  
\_\_\_\_\_
3. Home Address \_\_\_\_\_  
\_\_\_\_\_
4. Home Phone Number \_\_\_\_\_
5. Home Email address (optional) \_\_\_\_\_
6. Date and place of birth \_\_\_\_\_
7. Current Employer's Name (or place of business) \_\_\_\_\_  
Employer's Address \_\_\_\_\_

8. List your other employers or places of business for the past 5 years (if applicable).

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9. Social Security number (per RSA 161B:11) \_\_\_\_\_

10. Please list the names and addresses of the three (3) people who will mail under separate cover the letters of recommendation required by Fam 302.05.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_