



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

Family Mediator Certification
Board Staff Information: Director

Applicant Training Program _____

Director Name _____ Family Mediator Certificate Number _____

1. Director Phone Number _____
2. What days & hours can director be reached at this phone number?

3. Does the Director have at least 50 hours of previous experience as a presenter in any combination of workshops, seminars, or courses for mediators or those seeking to become mediators?

Yes ☐ No ☐

If Yes, provide a copy of the brochure and certificate issued by the producer of each event as well as copies of completed evaluation forms for the event and the presenter.

4. Does the Director have at least 6 hours of training taken within the three years in either Advanced Mediation Skills or Teaching the Adult Student?

Yes ☐ No ☐

If Yes, fill in the chart and attach copies of the course completion certificates.

Workshop Title	Provider/Sponsor	Hours Per Subject Matter		Date(s) of Training
		Advanced Mediation	Teaching the Adult Student	
	Totals			

5. Has the Director performed, within the last 3 years, at least 350 hours of face-to-face mediation in at least 30 family cases?

Yes ☐ No ☐

If Yes, fill in the chart entitled Mediation Experience.

Mediation Experience

Director Name _____

Case	Starting & Ending Dates	Type of Case	Total # Hours
1.			
2.			
3.			
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Director Training Qualifications

Applicant Training Program _____

Director Name_____

Check all topics director presents as part of the core training:

Mediation Skills □

Mediator Ethics ☐NH Law ☐Domestic Violence ☐

Describe the Director's Qualifications for teaching each of the topics checked above.

*If teaching NH Law – provide NH Bar information.

*If teaching Domestic Violence – provide information about Coalition or other relevant affiliation information.

Has the director taken at least 3 hours of training within the last twelve months (*within 6 months for NH Law) about each topic (s)he is responsible for presenting? Yes ☐ No ☐

If yes, fill in the chart and attach copies of the course completion certificates.

Workshop Title	Provider/Sponsor	Training Type ^A	Hours Per Subject Matter				Date(s) of Training
			Mediation Skills	Mediator Ethics	NH Law*	Domestic Violence	
	Totals						

^ATraining Type: P = Live, in person A = Audiotape V = Videotape O = On-line