



**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: Domestic Violence Specialist**

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

DV 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 affiliated with the Coalition or one of its member groups?

Yes ☐ No ☐

If Yes, identify that organization \_\_\_\_\_

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 Domestic Violence Training within the last 3 years?

Yes ☐ No ☐

If Yes, attach documentation of that training.