



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: Trainer

Applicant Training Program _____

Trainer Name _____ Family Mediator Certificate Number _____

1. Does this Trainer have at least 50 hours of previous experience as a presenter in any combination of a portion of the 40-hour core mediation training, or a continuing education presentation for mediators, which was at least 3 hours long?

Yes ☐ No ☐

If Yes, provide copies of at least 10 evaluation forms from a core training or 20 evaluations from a continuing education presentation.

2. Does this Trainer 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			

3. Has this Trainer performed, within the last 3 years, at least 250 hours of face-to-face mediation in at least 20 family cases?

Yes ☐ No ☐

If Yes, fill in the chart entitled Mediation Experience.

Applicant Training Program _____

Trainer Name _____

Mediation Experience

Case	Starting & Ending Dates	Type of Case	Total # Hours Expended
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

Trainer Training Qualifications

Applicant Training Program _____

Trainer Name _____

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

Mediation Skills □

Mediator Ethics □

NH Law ☐Domestic Violence ☐

Describe this Trainer'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 this trainer 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, marked as attachments TQ – 1, TQ– 2, etc.

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