



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
Request for Continuing Education Course Approval

1. Name of Person making this request _____
2. Contact information: Email _____ Phone Number _____

Mailing Address _____

3. Are you Provider ☐ Student ☐
4. Course Sponsor (Organization or Entity) _____
5. Is this a request for
 Pre-approval ☐ (If possible, submit at least 60 days prior to the course date)
 Approval ☐ (Course already occurred.)
6. Name of Course _____
7. Date/Time/Location _____

8. A brief description of how the course will update or enhance certified mediator's knowledge of families and family law; improve the professional competence of the mediators; or equip mediators to work effectively within ethical boundaries. Refer to Fam 404.10(h) and (i). _____

9. The Duration of the Course Excluding Meals and Breaks _____

10. Is this a Hybrid Course as described in Fam 404.08(c)? _____

If so for what 2 required topics will this course satisfy _____

11. Name(s) of Presenter(s) _____

12. Approval Requested – **List number of hours per category:**

_____ Mediator Ethics* **Includes review of Model Standards?* YES ☐ NO ☐

_____ Mediation Skills* **Includes a hands- on component?* YES ☐ NO ☐

_____ Domestic Violence _____ Legal Update _____ Other

_____ Family Relationships, Child Development, Impact of Divorce and Separation on Families, Substance Misuse, and Mental Health Factors in Divorce and Separation

Attach the following:

- ☐ **A summary of the professional qualifications of the person or persons presenting the course, including specifics required under Fam 404.07**
- ☐ **Copies of handouts** if available.