



**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

**RENEWAL APPLICATION CHECKLIST**

Name of Applicant \_\_\_\_\_ Certificate # \_\_\_\_\_

**I. \_\_\_\_\_ Application, Part 1: Public Information**

- \_\_\_\_\_ 1. Name
- \_\_\_\_\_ 2. Mediation Business
  - \_\_\_\_\_ Business Name (if any)
  - \_\_\_\_\_ Mailing Address
  - \_\_\_\_\_ Phone Number
  - \_\_\_\_\_ Email
- \_\_\_\_\_ 3. ~Change in Information since last application?
- \_\_\_\_\_ 4. Number of Cases mediated
- \_\_\_\_\_ 5. Agree to Abide by Model Standards
- \_\_\_\_\_ 6. Check Enclosed and original + 2 copies of all materials
- \_\_\_\_\_ 7. ~Continuing Education Chart
  - \_\_\_\_\_ All courses Approved or Request for Approval attached
  - \_\_\_\_\_ 24 hours total: 16 hours “live” (max 12 teaching hours, count 2:1 once per course)
    - \_\_\_\_\_ Recent Changes in Law (3 hrs minimum)
    - \_\_\_\_\_ Domestic Violence (3 hrs minimum)
    - \_\_\_\_\_ Mediator Ethics (3 hrs minimum)
    - \_\_\_\_\_ Mediation Skills (3 hrs minimum – may include 2 hrs. intern supervision)
    - \_\_\_\_\_ Family Relationships (3 hrs minimum)
- \_\_\_\_\_ 8. Signed and Dated

*~ Items with this symbol  
have a required  
supporting document.*

**II. \_\_\_\_\_ Application, Part 2: Confidential Information**

- \_\_\_\_\_ 1. Name
- \_\_\_\_\_ 2. Home Mailing Addresses
- \_\_\_\_\_ 3. Home Telephone number
- \_\_\_\_\_ 4. Home email (optional)
- \_\_\_\_\_ 5. Current Employment
- \_\_\_\_\_ 6. Signed and dated

Note:  
This checklist is  
for your personal use.  
You do not need to submit  
it with your application.

**III. \_\_\_\_\_ Required Documentation**

- \_\_\_\_\_ A. Changes in information
- \_\_\_\_\_ B. Continuing education
  - \_\_\_\_\_ Copy course completion certificates
  - \_\_\_\_\_ Request for approval
    - \_\_\_\_\_ Request form
    - \_\_\_\_\_ Supporting documents

**IV. \_\_\_\_\_ Fee - \$300 Payable to: State of NH**

**Mail to: Board of Family Mediator Certification, 7 Eagle Square, Concord, NH 03301**