



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

**CERTIFIED TRAINING PROGRAM
ANNUAL REPORT**

A. Training Program Name: _____

B. Report for Calendar Year _____

C. Has the Training Program Contact Information changed? Yes ☐ No ☐
If yes, provide updated information

D. Have any new Trainers been added to the Program Staff? Yes ☐ No ☐

If yes, has documentation of their qualifications been provided to the Board? Yes ☐

No ☐

If no, attach the required information to this report.

E. Was the Certification of the Director(s) or any Training Staff up for renewal during the calendar year for which you are reporting? Yes ☐ No ☐

If yes, list names and whether the certification was renewed.

F. Fill in the chart below with information about all basic mediation training courses that were taught during the calendar year for which you are reporting.

Dates	Total # hours				Core Trainer names & # hours for each	NH Law Specialist Name	DV Provider Name	# Attendees	Was a list of attendees sent to the Board? (If no, attach to this report)
	Core course	Role Play	DV	NH Law					
									Yes <input type="checkbox"/> No <input type="checkbox"/>
									Yes <input type="checkbox"/> No <input type="checkbox"/>
									Yes <input type="checkbox"/> No <input type="checkbox"/>
									Yes <input type="checkbox"/> No <input type="checkbox"/>

G. List the basic mediation training courses that are anticipated in the next three months, with dates, names of specialists, and names of trainers and number of hours each basic trainer will be in attendance.

Dates	Location	Core Trainers & # hours	NH Law Specialist	DV Specialist