

THE STATE OF NEW HAMPSHIRE
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 Provider (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. Provide short synopsis of the Course.
9. Level of Course: Basic Beyond the Basics
10. Name(s) of Presenter(s) _____
11. 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

Attach the following:

- Resume and/or credentials of all presenters**
(Specify if NH certified family mediators or ACR Adv. Practitioners)
- Detailed course outline**, including timetable and presenter for each topic.
- Copies of handouts** that will be provided to each participant.
If actual handouts are not yet available, samples of proposed or draft handouts may be submitted.
- (Optional) Course flyer or brochure**
- (Providers only) A list of attendees**, if this request is made after course has occurred.
If provider is requesting pre-approval, please submit a list of attendees within 45 days after the date of the seminar or workshop.