

THE STATE OF NEW HAMPSHIRE
FAMILY MEDIATOR CERTIFICATION BOARD

MEDIATOR - INITIAL APPLICATION

*Instructions: Please print or type.
Attach extra sheets if needed.
If a section does not apply, note "NA."
Attach Required Supporting Documentation. (Fam 302.04)*

Part 1: Public Information (Fam 302.03c)

1. Full name _____

2. Mediation Business Name (if any) _____

3. Mediation Business Mailing Address _____

Mediation Business Phone Number _____

Mediation Business E-mail (if any) _____

4. Describe the setting(s) in which applicant provides mediation services:

- _____ non-profit organization
- _____ solo private practice
- _____ co-mediation team
- _____ 2-person private practice
- _____ group private practice
- _____ court setting
- _____ other (describe) _____

5. List the names and addresses of any mediation programs or organizations with which applicant is currently, or within 5 years prior to the date of application, has been affiliated.

6. Provide the following information regarding the education required by Fam 303.02. Attach authenticated transcript or other authenticated documentation.

Name of Institution _____

Address _____

Dates of Attendance _____

7 – 9. Fill in the chart below and attach documentation of applicant’s mediation training.

Training (A minimum <u>total</u> of 48 hours is required)	Institution/Provider w/ Address	Dates of Attendance	# of Hours
7. Core Training (at least 24 hours) Fam 303.05	*	**	
8. Training Specific to NH (at least 16 hours) Fam 303.06			
9. Domestic Violence Training (at least 8 hours) Fam 303.04			

* If the core mediation training was NOT provided by a certified NH Family Mediator Training Program, the documentation must include verification of ACR training qualifications of the trainers.

** If core mediation training is more than three (3) years before the date of application, in order to apply for certification:

- The core training must have been provided by a certified NH Family Mediator Training Program.
- The applicant must also take the additional training specified in Fam 303.03 (a)(2) and submit the form entitled “Additional Requirements” along with the required documentation as part of the initial application.

10. In the chart below, replacing the names of the parties by a letter or number code, list the number of hours spent on co-mediation and case supervision as well as the name of the intern supervisor for each case.

***Do you qualify either as a family law practitioner or mental health practitioner under Fam 303.08? Yes No

If Yes, applicant should fill in FLP/MHP columns below and fully answer Question 11.

	Hours of Co- mediation		Hours of Case Supervision		Name of Supervisor
		<i>FLP/MHP: 8 hours total 2 cases 2 agreements</i>		<i>FLP/MHP: 2 hours total</i>	
Minimum Requirements	16 hours <u>total</u> 2 cases 3 agreements		4 hours <u>total</u>		Supervisors send intern evaluation for each case + 1 letter of recommendation directly to Board
Case 1 or A					
Case 2 or B					
Case 3 or C					
Case 4 or D					
Total					

- ❖ Attach an Intern Case Summary for each case.
- ❖ Attach copies of no more than five mediated agreements:
 - With the information identifying the parties redacted
 - For one case mediated in the last 12 months, both a parenting plan and a final decree covering financial issues.

11. If Family Law Practitioner or Mental Health Practitioner has applicant practiced for at least 7 years?

Yes No N/A

If **Yes**; answer these questions.

a. Please describe applicant's practice in the last 3 years _____

b. List the jurisdictions in which applicant has, in the last 7 years, either practiced family law or practiced as a psychologist, pastoral psychotherapist, clinical social worker, clinical mental health counselor, or marriage and family therapist.

c. Does at least one third of applicant's practice involve divorce or parenting matters? Yes No

d. Attach the following documentation:

Family Law - a copy of applicant's transcript or diploma showing graduation from law school and a letter of good standing from the New Hampshire Supreme Court (Note: a letter from the NH Bar Association is not sufficient.)

Mental Health - a copy of applicant's transcript or diploma showing a masters degree or higher academic degree and a letter of good standing from New Hampshire Board of Mental Health Practice

12. Does applicant agree to abide by the Model Standards of Practice for Family and Divorce Mediation?

Yes No

13. What is applicant's professional experience as a mediator, other than as an intern, if any? N/A

14. Has applicant ever held a mediator's license, certificate, or other form of approval to practice mediation issued by any domestic or foreign government? Yes No

15. Has the applicant ever held a license, certificate, or other form of approval to practice any profession other than mediation issued by any domestic or foreign government? Yes No

16. If the answer to question 14 or 15 was **Yes**; state type of professional practice authorized; the name and address of the licensing, certifying, or approving authority; and the dates the license, certificate or approval was held. Attach copies of license, certificate or other form of approval. N/A

17. If the answer to question 14 or 15 was **Yes**; has applicant's license, certification or approval ever been subject to a disciplinary sanction?

Yes No N/A

If the answer to this question is **Yes**; provide an attachment on which you thoroughly disclose and describe the facts associated with the sanction.

18. If the answer to question 14 or 15 **Yes**; are any disciplinary charges pending in any jurisdiction against applicant's mediator certificate, license or other approval?

Yes No N/A

If the answer to this question is **Yes**; provide an attachment on which you thoroughly disclose and describe the facts associated with the disciplinary charges.

19. Has applicant ever

a. Engaged in conduct resulting in the finding of abuse described in Fam 303.09(d)

Yes No

b. Had a professional license or certification revoked under conditions described in Fam 303.09 (e)

Yes No

c. Been convicted, as an adult, of a crime, under circumstances described in Fam 303.09(f)

Yes No

d. Been convicted, as an adult and within the past 10 years, of a misdemeanor under conditions described in Fam 303.09 (g)

Yes No

If any answer to this question is **Yes**; provide an attachment on which you thoroughly disclose and describe the facts causing this answer.

20. Has applicant enclosed a check or money order for **\$300**, payable to the State of New Hampshire?

Yes No

21. Signature Certification

I certify that the information provided on the 2 parts of the application form and the documentation provided to support the application is true, accurate, complete and unaltered, to the best of the my knowledge and belief; and I acknowledge that, pursuant to RSA 641:3, knowingly making a false statement on the application form is punishable as a misdemeanor and grounds for the denial of the application, or grounds for revocation, after notice and the opportunity for a hearing, of certification already issued by the board.

Signature

Date