

THE STATE OF NEW HAMPSHIRE  
FAMILY MEDIATOR CERTIFICATION BOARD

**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

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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.

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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?<br>(If no, attach to this report) |
|-------|---------------|-----------|----|--------|---------------------------------------|------------------------|------------------|-------------|--|
|       | Core course   | Role Play | DV | NH Law |                                       |                        |                  |             |  |
|       |               |           |    |        |                                       |                        |                  |             | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                  |
|       |               |           |    |        |                                       |                        |                  |             | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                  |
|       |               |           |    |        |                                       |                        |                  |             | Yes <input type="checkbox"/><br>No <input type="checkbox"/>                  |
|       |               |           |    |        |                                       |                        |                  |             | Yes <input type="checkbox"/><br>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 |
|-------|----------|-------------------------|-------------------|---------------|
|       |          |                         |                   |               |
|       |          |                         |                   |               |
|       |          |                         |                   |               |