

**FAMILY MEDIATOR  
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 (4 hrs minimum – may include 2 hrs. intern supervision)
- \_\_\_\_\_ 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: "Treasurer, State of NH"**

**Board's Mailing Address**  
Family Mediator Certification Board  
c/o Office of Professional Licensure & Certification  
121 South Fruit Street, Suite 201  
Concord, NH 03301