



Name of Event: \_\_\_\_\_

Sponsor Name:		
Date(S):	Location:	
Brochure Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	Certificate Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (for Mediator requests)	List of Attendees Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (for Center/Sponsor requests)

Instructor:	Years: experience in the Topic, Subject matter, or Area	Years: Experience as a presenter in workshops, seminars, and courses	Active participation in the field
			<input type="checkbox"/>
			<input type="checkbox"/>

Briefly describe the Training topics, and any Skill-based learning:

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Content: <i>Check all that apply</i>	Hours
<input type="checkbox"/> general mediation skills, <input type="checkbox"/> family mediation issues, <input type="checkbox"/> family law relating to parenting plans, <input type="checkbox"/> child development, <input type="checkbox"/> family systems theory, <input type="checkbox"/> psychological and other issues in parenting, <input type="checkbox"/> other matters relevant to parenting plan mediation	
<input type="checkbox"/> Ethics	
<input type="checkbox"/> Domestic Intimate Partner Abuse (DIPA), <input type="checkbox"/> Child abuse. And/or Domestic Violence (DV)	
<b>Total Hours Requested:</b>	

For individuals only: Centers do not need to complete the following

Name:	Center Affiliation:
Phone:	Email:
Address:	

I have attended, or plan to attend, the above training and attest the information provided is accurate and complete:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For internal use only
Approved by: _____
Date: _____
Notice of approval sent <input type="checkbox"/>
Entered on Portal <input type="checkbox"/>
Received list of Attendees <input type="checkbox"/>