



Request for Pre-Approval of Continuing Mediator Education Event

Thank you for your interest in hosting a Continuing Mediator Education (CME) event for Parenting Act mediators. To have your event approved, complete and submit this form along with any supplemental documentation to verify the education to be provided and the competency of the instructor(s). Completed forms should be emailed to nsc.mediation@nebraska.gov.

Providing a pre-approved CME event requires the provider to:

1. Submit documentation of the attendees' participation to ODR within 30 days following the event.
2. Provide each attendee a Certificate of Attendance for the event, including the date, location, name of event, name of attendee, course number, and number of CME hours approved by ODR.

Name of Event:

Name of CME Provider:		Event will be recorded: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date(s):	City, State:	Affiliates/Members Only? <input type="checkbox"/> Yes <input type="checkbox"/> No

Instructor(s):	Years of experience in the topic, subject matter, or area	Years of experience as a presenter in workshops, seminars, and/or courses	Check if active in their professional field.
			<input type="checkbox"/>
			<input type="checkbox"/>

Briefly describe the **training topics** and the **skills-based learning** related to mediation under the Parenting Act.

Content: <i>Check all that apply</i>	Hours Requested
<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 & other issues in parenting	
<input type="checkbox"/> Other matters relevant to parenting plan mediation (should be described above in sufficient detail)	
<input type="checkbox"/> Ethics	
<input type="checkbox"/> Domestic Intimate Partner Abuse (DIPA) <input type="checkbox"/> Unresolved Parental Conflict (UPC) <input type="checkbox"/> Child Abuse	
Total Hours Requested:	

Date: _____ Printed Name of Person Submitting: _____

Signature: _____ Email: _____

↓ TO BE COMPLETED BY OFFICE OF DISPUTE RESOLUTION ↓

CME Event Request: ☐ Approved – Course #: _____ ☐ Denied – Reason: _____

Date of Determination: _____ by: _____

Determination emailed: ☐ | If approved, entered on portal: ☐

List of Attendees Received: ☐ | Date list received: _____