



I, **Applicant/Center Name** \_\_\_\_\_ am submitting the following information in addition to my Family Mediation Training Equivalency Request form for approval from the Office of Dispute Resolution.

The following Family Mediation Training is being offered by \_\_\_\_\_, and I do not have access to one or more of the required documents and wish to have ODR consider this application for approval based on the following statement in lieu of the following required document(s):

- Training agenda or schedule,
- Trainers' biography
- Course description documents

<b>Instructor(s):</b>	Minimum of 60 hours of mediation training	-Successful demonstration as assistant trainer in at least 3 BMTs, having taught all BMT units at least once	Ongoing experience mediating cases	Successful evaluations from co-trainers and trainees
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Check the following topics covered:</b> <i>Check All That Apply</i>	
<input type="checkbox"/> Family systems theory <input type="checkbox"/> Processes and skills from BMT <input type="checkbox"/> Process to assist with child-centered decision-making <input type="checkbox"/> Working with parties engaged in high conflict dynamics <input type="checkbox"/> Court system and procedures used in contested family matters <input type="checkbox"/> Potential effects of dissolution/parental separation on children, parents, extended families, and psychology of families <input type="checkbox"/> Child abuse or neglect & DIPA & their impact on safety of family members, including safety provisions, transition plans, DIPA screening protocols, & mediation safety measures	<input type="checkbox"/> Whether and how to involve children in process <input type="checkbox"/> Parenting Plan content and formats <input type="checkbox"/> State resources for parties and children <input type="checkbox"/> Child development <input type="checkbox"/> Family law (custody, parenting time, visitation, and other access and support using NE child support guidelines) <input type="checkbox"/> Approach & skills in working with the emotions of the separation; dissolution process; and post-separation dynamics <input type="checkbox"/> DV & DIPA – effect on child; nature and extent of; social and family dynamics of; techniques for identifying & assisting families affected by; documentation of; recommendations for families affected by; community and legal resources about
<input type="checkbox"/> NE Parenting Act <input type="checkbox"/> NE Standards of Practice and Ethics for Family Mediators	<i>IF THE TRAINING DOES NOT COVER THE NEBRASKA PARENTING ACT OR THE NEBRASKA STANDARDS OF PRACTICE AND ETHICS FOR FAMILY MEDIATORS ADDITIONAL TRAINING WILL BE NEEDED</i>
<input type="checkbox"/> Min 30Hour/3day criteria (unless part of academic curriculum)	Number of Hours _____ Number of Days: _____
<input type="checkbox"/> Includes adult learning theory approaches (i.e. presentations, group discussions, written and oral exercises, mediation simulations, role-plays, & additional readings)	
<input type="checkbox"/> Includes Role plays –at least 6 hours	

I attest the above information is a complete and accurate statement of the Family Mediation Training Course being submitted to ODR for approval.

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