



**Attended Class Approval Application
CME Hours**

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"/> <i>(for Mediator requests)</i>	List of Attendees Attached? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(for Center/Sponsor requests)</i>

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:

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)	
Total Hours Requested:	

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

Name:	Center Affiliation:
Phone:	Email:
Address:	

I attest that the following training was offered/attended and the above information is accurate and complete:

Printed Name: _____ Signature: _____

Date: _____

For internal use only

Approved by: _____

Date: _____

Notice of approval sent

Entered on Portal

Received list of Attendees