

The Supreme Court of Ohio

APPLICATION FOR APPROVAL
FORTY-HOUR SPECIALIZED FAMILY OR DIVORCE MEDIATION TRAINING
PURSUANT TO THE RULES OF SUPERINTENDENCE FOR THE COURTS OF OHIO
RULE 16. MEDIATION

IMPORTANT NOTE: **This application is not an application for CLE credit.** To receive CLE credit you must follow the process and procedure to receive CLE credit located here: www.supremecourt.ohio.gov/AttySvcs/CLE

Mail your complete packet to:
Supreme Court of Ohio
Dispute Resolution Section
65 South Front Street, 6th Floor
Columbus, Ohio 43215

1. Name and address of organization providing or sponsoring the specialized family or divorce mediation training.
Name: _____
Address: _____
City/State/Zip Code: _____
2. Name of sponsor contact person: _____
Phone number: _____
E-mail address: _____
3. Title of the educational activity. Note: training may not be approved if the title is inconsistent, ambiguous, etc. with the training described in Rule 16): _____
4. Family area of specialization (divorce, guardianship, etc.): _____
5. List Training Date(s) and City(s): _____
6. Registration Fee: _____
7. Minimum number of participants: _____
Maximum number of participants: _____
8. Writing Surface Available? Yes No
9. Methods of Presentation (check all that apply):
 Faculty in Room with Participants
 PowerPoint Presentation
 Videotape
 Other (please specify): _____
10. Advertised to: Lawyers Others – Specify: _____
11. List admission restrictions, if any: _____
12. Method of evaluation (check all that apply): Participant critique Independent evaluator Other - Specify:

13. Description of materials to be distributed: Total pages Looseleaf Bound

14. Please state the total minutes of instruction not including breaks, meals, business meetings, opening of closing remarks, keynote speeches or presentations concurrent with the consumption of a meal.

General Minutes: _____

Ethics Minutes: _____

Professionalism Minutes: _____

Substance Abuse Instruction Minutes: _____

15. When are materials distributed?

Before training At the training Other- Specify: _____

16. Lead Trainer Name (if different from sponsor): _____

Address: _____

Telephone: _____

Fax: _____

e-mail: _____

17. Does the lead trainer mediate regularly? Yes No

18. Hours per month as mediator: _____

19. Primary area of mediation practice (family, commercial, etc.): _____

20. Primary area of mediation training as lead trainer (family, commercial, etc.): _____

21. Faculty/trainee ratio for lecture segments: _____

Description of activity: _____

Faculty/trainee ratio for Role-play segments: _____

Description of activity: _____

Faculty/trainee ratio for Other segments: _____

Description of activity: _____

22. Specialized 40 hours of credit approved* for: CLE CEU (check all that apply): social work
counseling psychology Other (please specify): _____

* If not approved, mail to the address noted above when approval is received.

23. REQUIRED Attachments to this application:

- a. Detailed time schedule (must show times of day, not just length of time)
- b. Brochure or any other marketing information, include a Web site
- c. Course outline
- d. Course Description
- e. Table of Contents
- f. List of all faculty names, credentials and their resumes/vitae. Indicate who will serve as lead trainer(s) and who will work solely with small groups.
- g. Forty-hour Specialized Family or Divorce Mediation Training Approval Form checklist provided below.
- h. Complete set of materials must be available upon request. Do not send unless requested.

SPONSOR'S OBLIGATIONS: Sponsor acknowledges and agrees to comply with all applicable local rules and regulations.

Name of Persons Applying: _____

Address: _____

Phone: _____

E-mail: _____

Signature _____ Title (only if employee of sponsor) _____