

IDAHO MEDIATION ASSOCIATION

P. O. Box 2504; Boise, Idaho 83701

admin@idahomediationassociation.org

\$50 fee

Certified Training Application

\$50 fee

Submitter Name _____

Submitter Company _____

Address _____

E-Mail _____ Phone _____

Title of Training _____

Training type (Check ONE): No. of Hours of instruction: _____

- Basic Mediation (40 hour minimum)
- Child Custody Mediation (20 hour minimum)
- Basic Mediation with Child Custody Focus (40 hour minimum)
- Specialized Mediation

Training delivery method:

- In person Zoom, Skype or Other Synchronous Method Online Asynchronous

Is this a renewal application? No Yes

If yes, please submit all participant evaluations from one offering of the training held in the current certification period.

Required prerequisites or admission restrictions, if applicable _____

Instructor name(s) _____

Attach the following documents:

- Detailed training agenda and timeline, including:
 - major topic headings and time devoted to each
 - method(s) of presentation for each segment
- For a 40-hour Basic Mediation training in virtual format, a description of how the training will meet the standards for virtual delivery
- To have your training advertised on the IMA website, provide the scheduled training dates and any other information to be posted, such as training description, topics covered, location, instructor information, fees, registration instructions, prerequisites, etc.

Submit this application at least 45 days prior to the first scheduled training date. Trainings will not be certified retroactively. All certifications expire on December 31st of the current year.

Attestation of Applicant:

I understand it is my responsibility to:

- a. obtain evaluations from the participants at or near the conclusion of the training;
- b. maintain a list of the names and contact information for all participants, together with all participant evaluations, for one (1) year after the conclusion of the training;
- c. deliver the list of participant names and contact information and the participant evaluations, or true and accurate copies thereof, promptly to the Committee upon written request; and
- d. provide a completion certificate to each participant who completes the training, to include at least: training name, student name, training submitter name, number of hours of instruction, and the IMA training approval number.

I agree to include the following disclaimer in the course materials:

“Certified as to content only – IMA makes no representations or warranties regarding the quality of instruction or qualifications of the instructor.”

Signature _____
Date

Please submit this application and all supporting documentation in PDF format via e-mail to admin@idahomediationalassociation.org. To pay your application fee online, log in to your account at www.idahomediationalassociation.org. You can also mail your payment to Idaho Mediation Association, P. O. Box 2504, Boise, Idaho 83701, but mailing your payment could delay consideration of your application.

For IMA Use Only

Reviewed by _____

Date Reviewed _____ Approved? Yes No

Hours Certified _____ Training Approval No. _____

Comments _____
