

IDAHO MEDIATION ASSOCIATION

P. O. Box 2504; Boise, Idaho 83701

admin@idahomediationassociation.org

Certified Professional Training Application

\$50 fee

\$50 fee

Submitter Name _____

Sponsoring Organization _____

Address _____

E-Mail _____ Phone _____

Course Title _____

Type of Training: _____ Hours of Instruction: _____

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

Course Description

Has the course been previously certified by IMA? No Yes

If yes, when? _____

Instructor name(s) _____

Location of course _____

Date(s) of course _____

Required prerequisites or admission restrictions, if applicable

How will participants evaluate the course?

Attach a detailed training agenda and timeline, including:

- major topic headings and time devoted to each
- method(s) of presentation for each segment

Attestation of Applicant:

I understand it is my responsibility to:

- obtain evaluations from the participants at or near the conclusion of the training;
- 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; and
- 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.

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

For IMA Use Only

Reviewed by _____

Date Reviewed _____

Approved? Yes No

Hours Certified _____

Certification Expires _____

Comments