STATE OF NEBRASKA JUDICIAL BRANCH

Office of Dispute Resolution

Approved P-Act Mediator Application
List of Trainings

Name:_____ Mediator ID:_____

Please list trainings you have attended since your most recent BMT, FMT, or SADR Training. This list need not be all inclusive, but should attempt to show you have attended at least 8 hours of training every two years related to family mediation which includes trainings in the areas of ethics and domestic intimate partner abuse, child abuse, or unresolved parental conflict.

Title	Date	Sponsor	Trainer(s)	Total Number of Hours

I attest to have attended all of the trainings listed above for the complete number of hours as recorded.

Signature: _____ Date: _____