

The Supreme Court of Ohio

APPLICATION FOR PARTICIPANT APPROVAL

This form shall only be submitted by individuals who attended a training program that was not approved by the Supreme Court. This Application is not an application for CLE credit. Submit your application to DisputeResolution@sc.ohio.gov

RESPONSES ARE REQUIRED FOR ALL QUESTIONS. Incomplete applications will be returned with a request for additional information.

Check which training (one per application) you are applying for:

- Advanced Mediation Workshop
- Fundamentals of Mediation (Note: If the training did not include two consecutive hours of the Uniform Mediation Act (UMA) it may be fulfilled individually. Once complete, the application will be finalized).
- Parenting Coordination
- Parenting Coordinator Continuing Education
- School Attendance Mediation
- Specialized Child Protection Mediation
- Specialized Family or Divorce Mediation
- Specialized Training in Domestic Abuse Issues and Mediation

1. Name and address of organization/individual providing the training program.
Name: _____
Address: _____
City/State/ZIP Code: _____
2. Title of the training program: _____
Note: If the title is inconsistent, ambiguous, etc. with the training described in the Rules of Superintendence, the Applicant should include documentation demonstrating that the training falls within one of the trainings listed above. Failure to do so may result in the denial of the Application for Participant Approval.
3. List training date(s) and city(s): _____
4. Faculty/Trainer

Lead trainer/faculty name/credentials: _____

Other faculty name/credentials: _____

5. REQUIRED ATTACHMENTS

- a. Training Program Description
- b. Syllabus/Agenda (if not available, a list of topics taught in the class, including but not limited to, an outline of the stages of mediation for basic mediation)
- c. Verification of Completion by one of the following:
 - Certificate of attendance/completion;
 - Copy of official University/College transcript;
 - CLE/CEU transcript/record;
 - Letter from faculty/trainer/organization that provided the training program

I acknowledge that all the information contained herein is true and accurate.

Name of Individual Applying: _____

Signature: _____

Address: _____

Phone: _____

Email: _____