The Supreme Court of Ohio

APPLICATION FOR TRAINING PROGRAM APPROVAL

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

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:

☐ Basic Mediation (Note: Basic Mediation training shall include a minimum of two consecutive hours of training on the Uniform Mediation Act)

☐ Parenting Coordination

☐ Parenting Coordinator Continuing Education

☐ Specialized Child Protection Mediation

☐ Specialized Family/Divorce Mediation

☐ Specialized Training in Domestic Abuse and Dispute Resolution

1. Name and address of organization/individual providing the training program.
   Name: _____
   Address: _____
   City/State/Zip Code: _____

2. Name of contact person for the training program: _____
   Phone number: _____
   Email Address: _____

3. Title of the training program: _____
   Note: training may not be approved if the title is inconsistent, ambiguous, etc. with the training described in the Rules of Superintendence.

4. List training date(s) and city(s): _____

5. Registration fee, if applicable: _____

6. Minimum number of participants: _____
Maximum number of participants: _____

7. Writing surface available? _____

8. Methods of presentation (check all that apply):
- ☐ Faculty in Room with Participants
- ☐ PowerPoint Presentation
- ☐ Videotape
- ☐ Other (please specify): _____

9. Advertised to (check all that apply):
- ☐ Lawyers
- ☐ Mediators
- ☐ Parenting Coordinators
- ☐ Others - Specify: _____

10. List admission restrictions, if any: _____

11. Method of evaluation (check all that apply): ☐ Participant critique
☐ Independent evaluator ☐ Other – Specify: _____

12. Description of materials to be distributed: __Total Pages __Loose leaf __Bound

13. Please state the total minutes of instruction not including welcome, introductions, breaks and closing remarks. Credit **may be** awarded for presentations concurrent with the consumption of a meal as long as all other requirements for approval are met.
General Minutes: ___
Professional Conduct Minutes: ___

14. When are materials distributed?
☐ Before training ☐ At the training ☐ Other – Specify: _____

15. Faculty/Trainer
Lead faculty/trainer name/credentials: _____
Other faculty/trainer name/credentials:_____

16. Faculty/trainee ratio for lecture segments: _____

Description of activity: _____

Faculty/trainee ratio for other segments: _____

Description of activity: _____

17. Number of hours of credit approved* for: ☐ CLE__ ☐ CEU___ ☐ CPE___ ☐ N/A

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

18. REQUIRED ATTACHEMNTS

a. Detailed time schedule/agenda (shall show times of day, not just length of time)
b. Brochure or any other marketing information, including a Web site, if applicable
c. Training Program Description
d. Table of Contents
e. List of all faculty names, credentials and their resumes/vitae. Faculty shall be qualified by education, or have the necessary practical skills to conduct the program effectively in accordance with standards set by the Supreme Court of Ohio Dispute Resolution Section. A sponsor shall have an ongoing duty to report any activity, criminal or otherwise that would adversely affect the faculty's ability to perform the functions of faculty delivering a training program.
f. Training Program Standards Form
g. Complete set of materials shall be available upon request.

19. APPLICANT'S OBLIGATIONS:

Applicant acknowledges and agrees to comply with all obligations and responsibilities outlined in the *Instructions, Obligations, and Responsibilities for Approval of Required Dispute Resolution Trainings under the Supreme Court Rules of Superintendence for the Courts of Ohio*.

Name of Persons Applying: _____

Signature:_____

Address: _____

Phone: _____

Email: _____

Print Form