



CERTIFICATE OF COMPLETION OF
ADDITIONAL CHILD CUSTODY MEDIATOR EDUCATION

Name: _____
Organization: _____
Complete Address: _____
Phone: _____
Fax: _____
Email: _____

The information above represents your listing on the [Child Custody Mediator Roster](#).

SEND TO: Idaho Supreme Court, Justice Services Division, childcustodymediators@idcourts.net.

I, _____, hereby certify under penalty of perjury that I have completed a minimum of 30 hours of additional mediator education, including a minimum 2 hours of mediation ethics, which education consisted of courses, seminars, or training sessions which have been sponsored or approved by an accredited college or university, the Idaho Mediation Association, Association For Conflict Resolution, Association of Family and Conciliation Courts, The Idaho State Bar, Idaho Supreme Court, or Administrative Office of the Courts, and that I have read and understand [I.R.F.L.P. 602](#) and [I.R.E. 507](#). **Please attach documentation or certificates of attendance.**

Course Title and Principal Trainer(s)	Course Date(s)	Course Location	Name of College or Other Entity Listed Above which Sponsored or Approved Training	Actual Training Hours
TOTAL				

(Attach a separate sheet of paper as an addendum to this certificate if additional space is needed.)

Dated this _____ day of _____, 20____.

Signature _____

Print Name _____