



# Montana Mediation Association

## Application for Designation as a Family Mediator

**MtMA FULL MEMBERSHIP IS A PREREQUISITE FOR APPLICATION FOR DESIGNATION AS A FAMILY MEDIATOR:** You must first qualify for Full Membership in the MtMA before you may be designated a Family Mediator. See MtMA Standards of Practice: Mediator Qualifications for Full Membership and Qualifications for Designation of Family Mediator. Application for Full Membership is available from MtMA.

Please Note: *The contents of this application will not be sold or distributed. Successful applicants will have their name, contact information, and sector of practice published in the MtMA Directory. A résumé may be submitted with this application for distribution to interested parties.*

**APPLICATION INSTRUCTIONS:** Please answer the following questions. Incomplete applications will be returned for further information. The Qualifications Committee reviews all applications within 12 weeks. If you have questions, or qualification obstacles, call the MtMA office at (406) 727-8365.

### **MEMBERSHIP and DUES:**

Please check the box that applies to you.

- I am a first time applicant for MtMA Membership and would also like to obtain Family Mediator Designation. Membership dues (\$75.00) must be enclosed with your membership application. If membership is denied, your dues will be returned.
- I am currently a MtMA Full Member, and would like to obtain the Family Mediator Designation.

**PAYMENT and MAILING:** Dues payments must be made by either check or money order. Please mail application and membership dues to:

MtMA Qualifications Committee,  
P.O. Box 6363  
Great Falls, MT 59406-6363

**PART I.** Please complete the following as you wish to be listed in the membership directory. All membership materials will be sent to this address.

Ms. Mr. Dr. Other (specify) First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Fax: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

(Note: Occupation and employer information will not be printed in the membership directory).

**PART II. Education and Experience.**

A. To be designated a Family Mediator you must hold a degree from a four-year undergraduate program. Please set forth your four-year undergraduate degree(s).

<u>Name of School</u>	<u>Degree(s)</u>	<u>Years Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. To be designated a Family Mediator you must have at least 5 years of experience working with people. Examples of qualifying experience would include five years as: an attorney in family law, a counselor working with families, a minister with experience including pastoral counseling, a worker in labor/management position, or a labor or union representative. Please describe the work you have done with people.

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**PART III. Family Mediator Training and Skills.**

A. The MtMA Qualifications for Designation of Family Mediator permits two ways of obtaining your required basic family mediation training.

(1) Indicate way in which you qualify.

- Completion of the training requirements for MtMA Full Membership, plus an additional 16 hours of family mediation training, including but not limited to, interpersonal conflict, gender issues, communications processes and ethics relevant to conflicts involving a child; or
- Completion of 40 hours family mediation training, including but not limited to, general mediation training and interpersonal conflict, gender issues, communications processes and ethics relevant to conflicts involving a child. This course is acceptable even if it was used for your Full Membership Qualification in general mediation process and skills.

(2) Describe the 40 or 16 hours of family mediation training you have taken to enable you to qualify as a family mediator. Please attach evidence of completion, if available.

<u>Date</u>	<u>Title of Course</u>	<u>Training/Organization</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. After your basic training in family mediation, please set forth the number of family mediations and the hours spent in the following activities with experienced Family Mediators approved by the Qualifications Committee.

(1) Co-Mediation: Number: \_\_\_\_\_ Hours: \_\_\_\_\_

Names and current phone numbers of mediators with whom you co-mediated:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

(2) Supervised Mediation: Number: \_\_\_\_\_ Hours: \_\_\_\_\_

Names and current phone numbers of mediators who supervised you:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

(3) Consultation/Mentoring/Debriefing: Number: \_\_\_\_\_ Hours: \_\_\_\_\_

Names and current phone numbers of mediators:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

C. The MtMA Qualifications for Designation of Family Mediator requires an additional 16 hours of training/course work in child development, family dynamics and psychopathology, or their equivalent. Please describe this training and attach evidence of completion, if available. If the equivalent is formal education or degree, please describe the specific course work that dealt with these specific subjects and the years in which these courses were taken.

<u>Date/Year</u>	<u>Title of Course</u>	<u>Training/Organization</u>	<u>Hours</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

D. The MtMA Qualifications for Designation of Family Mediator requires an additional 16 hours of training/course

work in family law, including but not limited to financial, property and custody/parenting issues, or their equivalent. Please describe this training and attach evidence of completion, if available. If the equivalent is formal education or degree, please describe the specific course work that dealt with these specific subjects and the years in which these courses were taken.

<u>Date/Year</u>	<u>Title of Course</u>	<u>Training/Organization</u>	<u>Hours</u>

**PART IV.** As a member of MtMA, I subscribe to the purposes and principles of the MtMA; the Ethical Guidelines for Family Members; the annual completion of sixteen hours of family-related continuing education, four of which must include child development, family dynamics, psychopathology, substance abuse or domestic violence; and the understand that a violation could result in the revocation of my membership. I further certify that the information supplied on this application is correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about MtMA?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Colleague        | <input type="checkbox"/> Information Request | <input type="checkbox"/> MtMA Member (Name: _____) |
| <input type="checkbox"/> MtMA Publication | <input type="checkbox"/> Training Seminar    | <input type="checkbox"/> Conference                |
| <input type="checkbox"/> TV/Radio         | <input type="checkbox"/> Other: _____        |  |

<p>MtMA USE ONLY: ID#: _____</p> <p>Date Received: _____ Amount Enclosed: _____ Check No: _____</p> <p>Category: _____ Admittance Date: _____ Amount Due: _____</p> <p>Comments:</p>
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