

Child Protection Mediation Approved Training Course

*In cooperation with the Child Protection Mediation Steering Committee
In partnership with the Ministry of Children and Youth Services*

Screening Application Form

Name: _____

Telephone: _____

Email: _____

Address:
Home _____

Address:
Business _____

Please provide an updated resume, and check all items that you have documented as you prepare for submission

___ Copy of Professional Degree/Diploma

___ Designated Accreditation by OAFM (provide #)

OR

___ Certification by FMC as a Family Specialist (provide Certification #)

OR

___ Certification by ADR as a Family Specialist (provide Certification #)

OR

___ 60 hours of Training in family mediation both basic and advanced (provide certificates) plus

___ 10 family law cases mediated to the point of agreement (provide memorandums of understanding with all identifying information whitened out)

Please submit application by email to susan_smallwood@carleton.ca .

If you are not designated by OAFM or certified by FMC, all Certificates for training and the 10 family law cases must be submitted by fax to: Child Protection Mediation Course: Fax # 613-520-3698 attention Susan Smallwood.

You will be notified by email of your acceptance into the training program within two weeks. Once accepted you will be given information on how to register and pay. For further information regarding course offerings and dates, please go to www.oafm-cpmed.ca