

**North Dakota State Court Administrator
Family Mediation Program – Mediator Roster Application**

Name: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

I attended the following alternative dispute resolution continuing education course/conference:
(Please use reverse side or attach a separate sheet to report more than one course and include a
copy of your training certificate.)

Title: _____

Sponsor: _____

Location: _____

Dates(s): _____

Hours of actual education: _____

Please list your specialty areas: _____

I have been a certified mediator since: _____ Estimated number of cases mediated:
_____ Estimated number of hours of actual mediation services provided:

I do hereby certify that the information provided is true and that I meet the qualifications
required.

Signature: _____ Date: _____

Return this form along with resume and photocopy of training certificate(s) to Cathy Ferderer,
State Court Administrators Office, 600 E Boulevard, Dept 180, Bismarck, ND 58505-0530