

**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: \_\_\_\_\_

I have been a 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