
Mediation Education: Training and Continuing Education

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

PROGRAM TITLE/PRESENTER: _____

LOCATION: _____

MEDIATION CME/ CLE HOURS: _____ DATE: _____

THIS AFFIDAVIT MUST BE SIGNED AND RETURNED TO RECEIVE CREDIT.

In order to remain active on the McHenry County Approved Mediator List, all annual CME/CLE affidavits must be submitted by July 1 of even-numbered years for last names A-M and July 1 of odd-numbered years for last names N-Z to:

22nd Judicial Circuit's Family Mediation Advisory Council

Attn: Michelle A Green

360 Memorial Drive, Suite 160, Crystal Lake, IL 60014

Email: my.seminar.hours@gmail.com

Certification of Attendance: By signing below I certify that I attended _____ CME/CLE credit hours of the activity described above in the last two calendar years.

Printed Name

Signature

Date

*Pursuant to Local Rule 18.04 (c) **Continuing Education.** A mediator shall participate in six hours of continuing education every two years from programs approved by the 22nd Judicial Circuit's Family Mediation Advisory Council. A mediator shall report and verify his or her attendance at approved continuing education to the 22nd Judicial Circuit's Family Mediation Advisory Council.*

** Keep a copy of this form for your personal files.*