

**MASSACHUSETTS COUNCIL ON FAMILY MEDIATION
APPLICATION FOR RECERTIFICATION**

AFFIDAVIT

As a member in good standing of the Massachusetts Council on Family Mediation (MCFM) and a certified mediator, I now apply for recertification.

1. I attest that I have completed no less than twenty (20) hours of continuing education in the past two years. The 20 hours of continuing education may be obtained in the following two categories:
 - a. Category 1: Refers to formal learning programs with specific learning objectives directly related to the field of family mediation (as enumerated in the certification standards) offered by the MCFM, AAFCC, MCLE, BBA, MBA, ABA, NASW, APA, ACR (the former AFM, CRE Net, SPIDR), or any regionally or nationally accredited institution of post-undergraduate education.
 - b. Category 2: Refers to the publication of books, chapters of books, articles in journals relevant to the practice of family mediation, or presentation of courses or seminars relevant to the practice of family mediation.

All continuing education activities may be completed under Category 1. A maximum of 6 hours may be credited for Category 2 activities toward the total 20-hour requirement.

2. I attest that I have completed no less than fifty (50) hours of face-to-face family mediation in the past 24 months.
3. I attest that no judgments have been entered against me, nor have any disciplinary sanctions been imposed against me, either through my profession of origin or as a mediator—from the date of my original certification as a mediator to the date below; OR attached with this application is a complete explanation of any such judgments or sanctions.
4. I attest that I maintain malpractice insurance coverage for the practice of family mediation of no less than \$100,000 per claim/\$300,000 aggregate.

I understand that recertification is required every two years (in odd-numbered years) at the time of MCFM membership renewal.

I understand that the MCFM reserves the right to require documentation of my continuing education, malpractice insurance coverage, and face-to-face family mediation experience during the past two years.

IN WITNESS WHEREOF, I sign this affidavit in application for recertification as a family mediator under the penalties of perjury, on this ____ day of _____, 20__.

Signature

Print name

Please email completed document to admin@mcfm.org