

Request for Training Program Accreditation for Category V - Parenting Coordination

Name of Organization: _____

Name of Program Organizer: _____

Address: _____

Phone Number: _____

E-mail: _____

Name of Program: _____

Name(s) of Faculty Member(s): _____

Date of Program (MM/DD/YYYY): _____

Cost: _____ **Location:** _____

Pre-Appointment Training

Continuing Education Training

General Topic of the Course as Outlined in Standing Order 1- 17:

Role of Parenting Coordinator in
Massachusetts

Conflict Management and Dispute
Resolution Skills

Role of Parenting Coordinator generally

Communication Skills

Developmental Stages of Children

Parenting Skills

Dynamics of High Conflict Families

Problem-Solving Techniques

Parenting in Separate Households

Other _____

Other _____

Other _____

Description of Course (Complete Syllabus Must be Attached): _____

Number of Credit Hours Sought: _____

By submitting this form, this organization agrees to utilize only the certification of attendance provided by the Administrative Office of the Probate and Family Court and agrees to inform participants that the credits can only be used for fee generating appointment Category V - Parenting Coordination.

The submission can be to pandf.feegenerating@jud.state.ma.us.

Date Received: _____

Approved: Yes No Number of credit hours: _____

Date: _____ Initials _____