

# Request for Training Program Accreditation for Category V - Parenting Coordination

Name of Organization \_\_\_\_\_

Name of Program Organizer \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Name(s) of Faculty Member(s): \_\_\_\_\_

Date of Program (DD/MM/YYYY): \_\_\_\_\_

Cost: \_\_\_\_\_ Location: \_\_\_\_\_

☐ In-person      ☐ Virtual

☐ **Pre Appointment Training**      ☐ **Continuing Education Training**

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

<input type="checkbox"/> Role of Parenting Coordinator in Massachusetts	<input type="checkbox"/> Conflict Management and Dispute Resolution Skills
<input type="checkbox"/> Role of Parenting Coordinator generally	<input type="checkbox"/> Communication Skills
<input type="checkbox"/> Developmental Stages of Children	<input type="checkbox"/> Parenting Skills
<input type="checkbox"/> Dynamics of High Conflict Families	<input type="checkbox"/> Problem-Solving Techniques
<input type="checkbox"/> Parenting in Separate Households	<input type="checkbox"/> Other _____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Description of Course (Complete Syllabus Must be Attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of Credit Hours Sought: \_\_\_\_\_

By submitting this form, this organization agrees to inform participants that the credits can only be used for fee generating appointment Category V - Parenting Coordination.

The submission can be sent to [pandf.feegenerating@jud.state.ma.us](mailto:pandf.feegenerating@jud.state.ma.us).

Date Received: _____	Number of Credit Hours: _____
Approved: <input type="radio"/> Yes <input type="radio"/> No	
Date: _____	Initials: _____