

**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 --- 17:**

- |  |   |
|--|---|
| <input type="checkbox"/> Role of Parenting Coordinator in<br>Massachusetts | <input type="checkbox"/> Conflict Management and Dispute<br>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 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 mailed to Jocelyne Welsh, Probate and Family Court Administrative Office, John Adams Courthouse, Mezzanine, Boston, MA, 02108 or emailed to [pandf.feegenerating@jud.state.ma.us](mailto:pandf.feegenerating@jud.state.ma.us).**

Date Received: \_\_\_\_\_

Approved:  Yes                       No                      Number of credit hours: \_\_\_\_\_

Date: \_\_\_\_\_                      Initials \_\_\_\_\_