

INFORMATION REQUESTED FOR COURT APPROVAL AS PARENT EDUCATION SEMINAR PROVIDER

Applicant's name: _____

Directions for Completing Form: Sections I, II and VII are required. Sections III, IV, V, and VI are optional. However, the court(s) can best assess your qualifications for approval if you provide full information. This form and other information you provide will be forwarded to the court(s) from which you seek approval as a parent education seminar provider; therefore, please print neatly or type your responses. The information you provide may be open to the public.

I. CONTACT INFORMATION [required]

Applicant's Name (printed)

FIRST

MIDDLE

LAST

Mailing Address

Business Phone

Alternate Phone

E-mail

Fax

Employer

Employer's Address

II. LIST OF COURTS [required]

Applicant requests approval from the following court(s) to conduct parent education seminars as provided in Virginia Code Section 16.1-278.15 or 20-103.

A. Individual court(s) in which approval is requested:

Juvenile & Domestic Relations District Court(s)

Circuit Court(s)

AND / OR

B. Judicial circuit(s) or district(s) in which approval is requested:

To provide services in an entire JDR Court district(s), find [district number\(s\)](#) or see [map](#)

Juvenile & Domestic Relations District Number(s)

To provide services in an entire Circuit Court circuit(s), find [circuit number\(s\)](#) or see [map](#)

Circuit Number(s)

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Please list any districts, circuits, or individual courts, in which you are already court approved:

III. PROFESSIONAL QUALIFICATIONS AND EDUCATION

A. Qualifications

Applicant represents that s/he has the following professional qualifications:

licensed/certified mental health practitioner (specify: _____) [Since (year): _____]

licensed clinical social worker [Since (year): _____]

family mediator, certified by the Office of the Executive Secretary, who has conducted at least 20 family cases as a certified mediator [Since (year): _____]

licensed attorney in good standing with emphasis on juvenile and family law matters (VSB No. _____) [Since (year): _____]

parent educator [Since (year): _____]

other closely related profession (specify _____)
Applicant has worked as such from _____ to _____

B. Status of License or Certification

Please check one of the following:

Applicant represents her/his professional licenses or certifications identified above have remained in good standing and that s/he has never had a revocation or suspension of a professional license or certification.

OR

Applicant has no current professional license or certification, nor has one ever been revoked or suspended.

OR

Applicant has had a professional license or certification revoked or suspended. Describe on the lines provided below (add additional sheets if necessary).

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Applicant's name:

Applicant holds the following degrees:

Degree, subject	from	Institution	year
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Degree, subject	from	Institution	year
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If applicant does not have a degree, list relevant coursework and work experience on a separate sheet and attach.

IV. CRIMINAL HISTORY

Has applicant ever been convicted, as an adult, of a felony, or are such charges pending against applicant? YES NO

Has applicant ever been convicted, as an adult, of a misdemeanor, or are such charges pending against applicant? YES NO

V. RESUME and REFERENCES

Please attach a current resume and at least two (2) letters of reference from residents in your circuit/district who are employed in fields listed in Section III above, attesting to your good character and qualifications. Check the following as applicable:

Resume is attached

No resume is attached

Two letters of reference are attached

One letter of reference is attached

No letters of reference are attached

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VI. SUGGESTED STEPS TAKEN TOWARD APPROVAL

I attended a Train the Trainer session on _____ in Richmond Fairfax
OR

I did not attend a Train the Trainer session

I observed a seminar conducted by _____ on _____
OR

I did not observe a seminar

The Parent Education Coordinator reviewed my seminar curriculum and it
meets the statutory requirements _____ does not meet the requirements

OR

I did not submit a curriculum to the Parent Education Coordinator

VII. SIGNATURE [required]

I certify that the above information is true. By signing below, I authorize the Office of
the Executive Secretary to provide this information to the courts listed above.

I understand that if I am approved and listed as a Parent Education Seminar Provider, the
courts where I am listed ask that I provide in writing to Dispute Resolution Services any
changes in my qualifications described above.

Signature

Date

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Return completed form to:

Dispute Resolution Services
Office of the Executive Secretary
Supreme Court of Virginia
100 N. Ninth Street, Third Floor
Richmond, VA 23219

If you have any questions or comments, please contact Dispute Resolution Services,
804-786-6455.