

CONFIRMATION OF PRACTICUM EXPERIENCE FOR CANDIDATE APPLYING FOR FMC CERTIFICATION

This is to confirm that			nas participated
(Name of applicant for FMC ce	•		
satisfactorily in a practicum or mentorship in family me	diation supe	ervised by me	e on
at			
(Date)	(Location)		
Please indicate the applicant's level of completion in ea practicum (please check):	ch of the fo	llowing comp	onents of the
At least 20 hours of involvement in actual mediation simulated mediation sessions Comments:		or, with FMC	approval,
At least 10 hours of consultation with the practicur Comments:	•		
The opportunity to progress from observing experi to co-mediating with an experienced mediator, to medi Comments:	ating under		iation sessions,
May we contact you if more information is required?	yes	no	
Your name:	Position:		
Email:			
Address:			
Phone:			
Signature	 -	Date	

This form should be sent directly to Family Mediation Canada by the Referee. It should not be given to the applicant to send in. Please email it to admin@fmc.ca

If you have any questions about this form please feel free to contact us at: **Email:** <u>admin@fmc.ca</u> **Phone**: 778-674-4362, or **toll-free**:1-877-269-2970

Family Mediation Canada, Box 46003 Quail Ridge RPO, Kelowna, BC V1V 0B1

Please keep a copy for your records. It is up to you whether you share your reference with the candidate.