

**APFM Verified Training**  
**Attestation of Lead Trainer/Co-Trainer Qualifications**

An Attestation is required for each lead trainer and each co-trainer who is involved for 20 or more hours in the training.

I, \_\_\_\_\_,  lead trainer /  co-trainer, attest to each of the following:

1. I have never had a professional license that is relevant to the practice of mediation suspended or revoked.  True  False
2. I am not the subject of an ethics complaint.  True  False
3. I have not been convicted of a felony.  True  False
4. I am not the subject of any disciplinary action against me.  True  False
5. I maintain mediator malpractice insurance coverage and will continue to maintain such insurance so long as the training program is APFM-Verified.  True  False
6. I am a current, paid member of APFM.  True  False
7. Lead Trainer: I have taught this entire course at least once as lead trainer.  True  False

Co-Trainer: I have taught at least half this course at least once.  True  False

8. Please explain any of the above marked "False":

**BY TYPING MY NAME BELOW, I ATTEST THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Company name: \_\_\_\_\_

Attestor's Email: \_\_\_\_\_

Telephone (include country code if outside USA): \_\_\_\_\_

Postal/mailling address: