

# PARENT EDUCATION SEMINAR INSTRUCTOR APPROVAL REQUEST

---

This form is used to request approval to conduct educational seminars as described in Virginia Code Section § 16.1-278.15.

## I. CONTACT INFORMATION

Name (printed) \_\_\_\_\_  
FIRST MIDDLE LAST

Mailing Address \_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

Business Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Fax \_\_\_\_\_

Web Site \_\_\_\_\_

## II. PROFESSIONAL QUALIFICATIONS

### A. Skills, Knowledge, and Experience

Check all boxes that apply:

- Knowledge of Child Development
- Background in Divorce/ Separation issues
- Knowledge of Family Abuse, including Domestic Violence and Child Abuse
- Experience teaching adult audiences
- Group facilitation skills

### B. Licenses and Certifications

Check all boxes that apply:

- Licensed/ certified mental health practitioner.  
(specify: ..... ) [Since (year): ]
- Licensed clinical social worker [Since (year): ]

**PARENT EDUCATION SEMINAR INSTRUCTOR APPROVAL REQUEST**

---

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

Licensed attorney, in good standing with the Virginia State Bar, emphasis on Juvenile and Family Law matters [Since (year):     ] VSB No: \_\_\_\_\_

Parenting Coordinator [Since (year):     ]

Parent Educator [Since (year):     ]

Clergy who conducts marriage and family counseling [Since (year):     ]

Other closely related profession  
Applicant has worked as such [Since (year):     ]

---

Applicant represents their professional licenses or certifications identified in this section have remained in good standing and that the applicant 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Applicant has no current professional license or certification, nor has one ever been revoked or suspended.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.

**C. Education**

Applicant holds the following degrees:

Institution	Degree Attained	Major	Year

If applicant does not have a degree, list relevant coursework and work experience on a separate sheet and attach.

# PARENT EDUCATION SEMINAR INSTRUCTOR APPROVAL REQUEST

---

## III. SEMINAR LOCATIONS

Check all boxes that apply:

I am joining an existing organization  YES  NO

If YES, which organization? \_\_\_\_\_

If NO:

I plan on providing seminars in this court \_\_\_\_\_

I understand that I must have a physical teaching location within the jurisdiction of the court listed above

I request to conduct seminars by webinar

## IV. CRIMINAL HISTORY

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

If yes, describe on the lines provided below (add additional sheets if necessary).

---

---

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

If yes, describe on the lines provided below (add additional sheets if necessary).

---

---

## V. RESUME and REFERENCES

Please attach a current resume and at least two (2) letters of professional reference attesting to your good character and qualifications. Check the following as applicable:

Resume is attached

Two letters of reference are attached

## PARENT EDUCATION SEMINAR INSTRUCTOR APPROVAL REQUEST

---

### VI. SIGNATURE [required]

By my signature below I certify that the above information is true, and that I understand and agree to the following:

- ❖ If this application is approved, I must attend a Train the Trainer course approved by the Division of Dispute Resolution Services (DRS) at the Office of the Executive Secretary (OES) before I am able to lead Parent Education Seminars pursuant to Virginia Code Section [§ 16.1-278.15](#);
- ❖ If I am approved as a Parent Education Seminar Instructor, that I must provide in writing to Dispute Resolution Services any changes in my qualifications described above;
- ❖ If I am not joining an existing organization, any additional instructors teaching for my organization will also meet the qualifications listed in the application;
- ❖ If I am not joining an existing organization, I must report statistical information (such as number of seminars and attendees per seminar) to DRS on a quarterly basis or as otherwise requested;
- ❖ I will ensure all attendees receive [Parent Education Evaluation Forms](#) following the conclusion of each Parent Education Seminar I lead; and
- ❖ I will comply with the [Parent Education Policies](#) maintained by DRS

---

**Signature of Applicant**

**Date**

All applications should be sent to  
Ann Warshauer  
awarshauer@vacourts.gov or alwarshauer@fcps.edu  
Family and School Partnerships  
2334 Gallows Road  
Dunn Loring, VA 22027  
Phone: 703-941-2424 | 703-204-4344

**PARENT EDUCATION SEMINAR INSTRUCTOR APPROVAL REQUEST**

---

**FOR DRS OFFICE USE ONLY - PLEASE LEAVE BLANK**

A. Applicant attended a “Train the Trainer” session on

\_\_\_\_\_

B. Applicant was denied approval for the following reasons

\_\_\_\_\_

C. Applicant observed a seminar conducted by

\_\_\_\_\_ on the following date:

D. Applicant plans to use the approved curriculum entitled

\_\_\_\_\_

E. Applicant will be joining the following organization approved to conduct seminars

\_\_\_\_\_

F. Applicant is applying to be listed in the following courts

\_\_\_\_\_

Applicant is approved to conduct seminars by webinar

**VII. RECOMMENDTION OF PARENT EDUCATION COORDINATOR**

I recommend that this applicant be approved to conduct PE Seminars

I do NOT recommend that this applicant be approved to conduct PE Seminars

---

**Signature of Parent Education Coordinator**

**Date**