

**OFFICE OF THE EXECUTIVE SECRETARY  
OF THE SUPREME COURT OF VIRGINIA**

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**CONTINUING MEDIATOR EDUCATION (CME)  
PROOF OF ATTENDANCE FORM**

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*Please use black ink so this document will be legible when scanned.*

**(Trainers, please do not complete this Form unless the Trainee has attended the entire course.)**

1. Name of Trainee
2. Name of Trainer Certification  
Number
3. Name of Training Course
4. Date of Training
5. Continuing Mediator Education Credits:  

General (# of credits)	Family (# of credits)	General/Family (# of credits)	Ethics (# of credits)
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6. Did the trainee successfully complete this course? Yes          No

**SIGNATURE OF TRAINER \_\_\_\_\_ DATE**

*Trainee should retain this form to submit with the Application for Mediator Recertification (ADR-1003)*