Application for Custody Evaluator Outside Provider Training

This application is \underline{not} an application for continuing legal education credit or continuing professional education credit through a professional licensing board.

Select which type of training you are a	applying for:
Pre-appointment Educa	ation Continuing Education
Organization providing the education	:
Name:	
Address:	
City/State/Zip Code:	
Contact person responsible for the ed	ucation:
Phone Number:	Email:
Title of the educational program:	
Date(s):	Location:
Estimated number of attendees:	Number of credit hours sought:
Description of the session(s) and contr	ent to be delivered:
r (,,	
Please identify how the content satisfies the	Training Guidelines. Use an additional sheet(s) if necessary.
Required Attachments	
e e e e e e e e e e e e e e e e e e e	la (list the times of day and length of each session)
2. List of all faculty names, crede3. Complete set of materials shall	
1	t be available upon request.
Acknowledgment of Obligations	
	es to comply with all obligations and responsibilities outlined in valuator Outside Education Provider Training Standards.
	at it is not nor has been the subject of litigation within the past
	ct the applicant's ability to deliver the education or compromise
the public's trust and confidence on b	pehalf of the Supreme Court.
Name of Person Applying:	Title:
Signature:	Date:

Phone Number: _____ Email: ____