

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):]

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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Applicant has no current professional license or certification, nor has one ever been revoked or suspended.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.

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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

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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

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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