



**Cover Sheet: Request to Reactivate  
From Lapsed Status**

Name: \_\_\_\_\_ Mediator # \_\_\_\_\_

Reason Lapsed Status	Date of Lapse
<input type="checkbox"/> Failed to Mediate Two Parenting Act Cases	Year:
<input type="checkbox"/> Failed to Complete CME requirement	Affiliation at time of Lapse:
<input type="checkbox"/> Voluntarily Withdrew	
<input type="checkbox"/> As part of Grievance/For Cause	

**Affiliation:**

CENTER(S) CURRENTLY AFFILIATED WITH:	Concord <input type="checkbox"/>	TMC <input type="checkbox"/>	TRC <input type="checkbox"/>	MW <input type="checkbox"/>	CMC <input type="checkbox"/>	DCMCO <input type="checkbox"/>	NMC <input type="checkbox"/>
<input type="checkbox"/> Not affiliated with a center							

**Mediator Experience:**

Continued Parenting Act Mediation during time of Lapse      Yes     No     Number of Cases: \_\_\_\_\_  
 Continued mediating other cases during time of Lapse      Yes     No     Number of Cases: \_\_\_\_\_

Training Title	Date Attended	Trainer	Hours Requested

**Mediation Case Details:**

Parenting Act Mediation Case(1)		Parenting Act Mediation Case (2)	
Party:	Party:	Party:	Party:
Number of Sessions:	Total Hours:	Number of Sessions:	Total Hours:
Date of Final Session:	Outcome	Date of Final Session:	Outcome

**Attestation:** Please read and initial to agree to the following statements:

\_\_\_\_\_ I attest that I have mediated at least 2 Parenting Act cases  
 \_\_\_\_\_ I have read the statement: "The Nebraska Parenting Act and the Policy for Approval of Parenting Act Mediators requires that approved Parenting Act Mediators adhere to the Nebraska Standards of Practice and Ethics for Family Mediators in order to maintain active status," and agree to comply with these standards.  
 \_\_\_\_\_ I have not been convicted of a violation of the law other than minor traffic offenses and have not had a professional license revoked or suspended since becoming an approved parenting act mediator.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_