

**Audit Procedures
Supreme Court of Florida
Certified Mediation Training Programs**

Trainee Verification

I, _____, verify that _____
Print Name Number

audit forms were collected by me at the conclusion of my certified mediation
training program conducted by _____ on _____.
Name of Training Provider Date of Training

I placed all the forms in an envelope addressed to the Dispute Resolution Center
at the Supreme Court of Florida. I verify that no trainer or individual involved with
the training delivery inspected, viewed or retained any of the forms.

Signed

Dated