

Florida Dispute Resolution Center's Program Summary Form

for Certified Mediation Training Programs

**A Program Summary Form must be filed with the Center 21 days
in advance of every certified mediation training program.**

Name of the Training Program: _____

Address of the Training Facility: _____

Check one: _____ County _____ Family _____ Circuit _____ Dependency _____ Appellate

Program Date(s): _____

Name of the trainer that will be present for the entire program: _____

Primary Trainers

Name(s) of primary trainer(s) that will be present for the entire program (this responsibility
may be shared by more than one primary trainer): _____



Assistant Trainers

Name(s): _____

Subject Matter Specialists

Name: _____

Subject Matter Assigned: _____

Briefly describe how the subject matter specialist will connect his/her area of expertise with the mediation process: _____

Name: _____

Subject Matter Assigned: _____

Briefly describe how the subject matter specialist will connect his/her area of expertise with the mediation process: _____

Name: _____

Subject Matter Assigned: _____

Briefly describe how the subject matter specialist will connect his/her area of expertise with the mediation process: _____

**Return the completed form to:
Kimberly Ann Kosch
Court Operations Consultant
Florida Dispute Resolution Center
Supreme Court of Florida Building
500 South Duval Street
Tallahassee, Florida 32399-1905
850-921-2910 fax 850-922-9290
E-mail koschk@flcourts.org**