

**Continuing Mediator Education (CME)
Audio/Video Playback with Group Discussion**

I, _____, attest that I completed CME activities via attendance at an audio/video playback of a lecture or seminar with a group where the group discussed the materials presented:

Program Title: _____

Sponsoring Organization: _____

Date Hours Earned: _____

Printed Name(s) of Group Members:

Signature(s) of Group Members:

Program Title: _____

Sponsoring Organization: _____

Date Hours Earned: _____

Printed Name(s) of Group Members:

Signature(s) of Group Members:

Program Title: _____

Sponsoring Organization: _____

Date Hours Earned: _____

Printed Name(s) of Group Members:

Signature(s) of Group Members:

I attest that the above is an accurate statement of my CME activities as required in the Administrative Order Governing Mediator Certification (AOSC11-1).

Signed

Dated