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): ________________________________

______________________________________________________________________________

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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

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