



Family Mediation Accreditation Journal Sign-Off Form

Name of Trainee Mediator: _____

Address: _____

Phone: _____ E Mail: _____

The following statement to be signed by MII recognised Supervisor:

I hereby certify that in my judgement _____

has reached the required standards and levels of competency according to MII Practitioner Member competencies.

Signature of Supervisor: _____

Date: _____

Signature of Mediator: _____

Date: _____