

Please complete the information below Name: Business Address: Business Telephone: Fax number: Email address: License Number:	For Court Use Only (Received Stamp)
Superior Court of California, County of Los Angeles Stanley Mosk Courthouse 111 North Hill Street, Room 241 Los Angeles, California 90012-3014	
APPLICATION FOR INCLUSION TO THE PARENT EDUCATION REFERRAL LIST FOR HIGH CONFLICT PARENTS	

I, _____ apply renew the application for inclusion to the Parent Education Referral and declare as follows:

1. The Program Supervisor, _____, is licensed in the State of California in one of the following areas
 - LCSW LMFT Clinical Psychologist Board-certified Psychiatrist
 - I have attached a copy of the clinical license and resume.

2. The Program Supervisor has at least 3 years of experience working with families in the mental health field.

3. Names of the Program Facilitators:
 - a. _____
 - b. _____
 - c. _____

4. Fee per parent per session: _____ Please include if sliding scale is available.

5. This program is offered as an online program: Yes No

6. This program is offered as an in-person program: Yes No
 - a. The maximum number of individuals in the class is 16 per group.
 - b. Does your program require both parents to attend together? Yes No
 - c. Can parents attend together or separately? Yes No
 - d. Can parents attend individually only? Yes No
 - e. Will the program be conducted in a language other than English?
 Yes No If yes, language(s): _____
 - f. Security Protocol: The security protocol and plan indicating emergency protocol (e.g., a client who threatens the safety of others) is attached.
 - g. Domestic Violence Protocol: The Domestic Violence screening protocol is attached.
 (Please include if parents with a history of domestic violence are allowed to participate in the program.)

7. The Program Facilitators used in this program have a BA or above and are supervised by the Program Supervisor.
8. The Program Supervisor has supervised and co-facilitated at least two series of co-parenting education classes focused on conflict resolution.
9. This program is a minimum of 10 hours over no less than 3 sessions, in addition to the introductory or orientation session.
10. The program includes the topics listed below:
 - a. Effects of conflict on children
 - b. Characteristics of a business relationship
 - c. Communication skills training
 - d. Child development and children's needs at each developmental stage in relation to parents' divorce and separation
 - e. Co-operative parenting and parallel parenting Conflict resolution skills
 - f. Positive parenting
11. Attached is a description of the program and a copy of the curriculum.
12. I will notify the list administrator within two weeks of my clinical license being revoked or suspended.
13. I am covered by malpractice insurance. A copy of my malpractice insurance is attached
14. Have allegations or charges ever been made against me in any civil, criminal or administrative proceedings which assert my conduct was dishonest, unprofessional, unethical or involved moral turpitude? Yes No If yes, I have attached a statement of details and explanation.
15. Has any professional licensing board or agency ever investigated, cited or disciplined me, including any license suspension, for my conduct which was asserted to have been dishonest, unprofessional, unethical or involved moral turpitude?

 Yes No If yes, I have attached a statement of details and explanation.
16. Is there anything else in my past personal or professional conduct which if known would reflect negatively on the Court in connection with my inclusion on this list?

 Yes No If yes, I have attached a statement of details and explanation.
17. I understand the Court has the discretion to remove any individual or program from the list should information be brought to the Court's attention indicating that an individual or agency should be removed from the list. Complaints concerning any individual or agency on the referral list will be submitted in writing to the List Administrator.
18. I will not use my inclusion on this list in any advertising.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature

Date