



Federal Executive Board of Minnesota - Shared Neutrals Program

MEDIATOR CONTINUING EDUCATION

| | | | |
|-------------------------------|---------------------------|-------------------|--|
| NAME (Last, First, MI) | TITLE | | |
| EMPLOYING AGENCY | COMPONENT/DIVISION | | |
| OFFICE ADDRESS | TELEPHONE NUMBER | FAX NUMBER | |
| | EMAIL ADDRESS | | |

Mediator Continuing Professional Education

List course title and name of the agency sponsoring the training. Include the dates, location and total hours of actual instruction. Include proof of completion for any continuing education completed other than events sponsored by the FEB Shared Neutrals Council.

| DATES | | COURSE TITLE - SPONSORING AGENCY | LOCATION | HOURS |
|-------|-----|----------------------------------|----------|-------|
| START | END | | | |
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Read and Sign the Following Statement

I hereby certify that the information provided in this form or attached is true to the best of my knowledge and belief and accurately reflects continuing professional education completed by me.

I understand that all information herein is subject to verification.

Signature of Mediator

Date

Note to mediator: Return completed form to the FEB Shared Neutrals Council no later than December 31, of each year. Forward one complete copy of this form to your agency Coordinator.

Privacy Act Statement: The collection of this information is authorized by 5 U.S.C. 574. This information will be used to update your mediator profile. As a routine use, this information may be disclosed to a congressional office at your request; to OMB for review of private relief legislation; to a labor organization as required by the NLRA or FLRA; where pertinent in a legal proceeding to which the government is a party; to an appropriate law enforcement agency for investigative or prosecutorial purposes; to a government agency where relevant to a hiring, contracting, or licensing decision by the requesting agency; to a government agency in order to elicit information relevant to a hiring, contracting, or licensing decision by the government; to an expert or consultant under contract with the government to fulfill an agency function; to the Federal Records Center for storage; to the Equal Employment Opportunity Commission for investigating a formal EEO complaint filed under 29 C.F.R. 1614; to the Merit Systems Protection Board or Office of Special Counsel for proceedings involving possible prohibited personnel practices. The completion of this form is voluntary; however, if this information is not provided, you may not be included on the Federal Executive Board of Minnesota Shared Neutrals Program roster of mediators.

Please submit this form by email or fax.

Email: mn_feb@ios.doi.gov

Fax: (612) 725-1750