



North Carolina Dispute Resolution Commission
CME Self- Report Form

Mediator's Name: _____

Approved CME Program Title: * _____ Approved CME Hours: * _____

Sponsor: _____ Date of Completion: _____

- Webinar
 On Line/On Demand

The mediator certifies that s/he viewed the above Program from beginning to end.

Mediator's Signature *Date*

***Programs approved for CME credit are posted on the DRC website. If a Program is not posted on the DRC website, it has not been approved.**

http://www.nccourts.org/Courts/CRS/Councils/DRC/Documents/Current_CME_Opportunities.pdf

Please forward this form to the NC Dispute Resolution Commission, by U.S. Mail, email, or fax.

Mailing Address: P.O. Box 2448, Raleigh, NC 27602

Email: DRCMediators@nccourts.org

Fax: (919) 890-1935