

**NOTIFICATION OF COMPLETION OF EXPERIENCE AND/OR CONTINUING  
EDUCATION REQUIREMENTS PURSUANT TO ONE-TIME WAIVER OF GAL  
401.11**

*[This form may be used by persons required to submit to the Guardian ad Litem Board information regarding the completion of continuing education or experience requirements following the issuance of a one-time waiver under Gal 401.11(e) or (f).]*

1. Name:
2. Date to which one-time waiver was granted:
3. Date CEUs were to be completed:
4. By checking here I confirm that I have attached a fully executed Continuing Education Activity Form 10 along with certificates of attendance for all courses and other required documents for courses not appearing on the approved CEU list.

**Signature Certification**

I certify that

- The information provided by me on or in connection with the notification form is to the best of my knowledge and belief, true, accurate and complete and the documentation provided in support of the application is a true and complete version of the documentation submitted;
- I further acknowledge that, pursuant to RSA 641:3, knowingly making a false representation on the supplemental application form is punishable as a misdemeanor.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Pursuant to RSA 641:3, false statements made on this form are punishable by law.**