

Continuing Education Activities for \_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Signature of Applicant

Total number of credits required: \_\_\_\_\_

Total Number of credits claimed: \_\_\_\_\_

| Title of Activity | Topics Covered | Date | Sponsor<br>or<br>Provider | Activity<br>Type* | # of Credits<br>Claimed |
|-------------------|----------------|------|---------------------------|-------------------|-------------------------|
|                   |                |      |                           |                   |                         |
|                   |                |      |                           |                   |                         |
|                   |                |      |                           |                   |                         |
|                   |                |      |                           |                   |                         |
|                   |                |      |                           |                   |                         |

| Title of Activity | Topics Covered | Date | Sponsor or Provider | Activity Type* | # of Credits Claimed |
|-------------------|----------------|------|---------------------|----------------|----------------------|
|                   |                |      |                     |                |                      |
|                   |                |      |                     |                |                      |
|                   |                |      |                     |                |                      |
|                   |                |      |                     |                |                      |

I. Has applicant retained documentation verifying each activity, attendance and number of credits as required by Gal 403.09?      Yes      No

II. Is applicant claiming any credits for Activity Type d, g, or i (below)      Yes      No

If yes, what is the percentage for those credits of the total credits claimed? \_\_\_\_\_ (Note: a maximum of 75% may be claimed)

\*Activity Type: (See Gal 403.03 for more specific information)

- (a) - Certification course as described in Gal 303.02 (b) (1) or (c)
- (b) - Review course sponsored by the Board as described in Gal 403.07
- (c) - Training session approved by the Board according to Gal 403.04
- (d) - Instructor of any course or training listed in (a), (b) or (c)
- (e) - Instructor or mentor for supplemental training, supervised training or supplemental education described at Gal 402.01
- (f) - Activity approved under Supreme Court Rule 53 that meets requirements of Gal 403.02 (a), (c) – (e)
- (g) - Instructor of activity approved under Supreme Court Rule 53 that meets requirements of Gal 403.02 (a), (c) – (e)
- (h) - College/university class or course that meets requirements of Gal 403.02 (a) – (e) and in which applicant received a grade of “B” or better
- (i) - Instructor of college/university class or course that meets requirements of Gal 403.02 (a) – (e)
- (j) - Presiding officer or investigator for matter before the Board
- (k) - Other: not specified above. See Gal 403. 05 (Submit page entitled “Other Continuing Education” [GAL Form 12] for each of these activities)

**Note:** This form is part of the Application for Renewal, Reinstatement or Recertification form.

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