



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301  
Phone: 603-271-2152

**REQUEST FOR APPROVAL OF CONTINUING  
EDUCATION ACTIVITY NOT LISTED IN GAL 403.03**

*Instructions:*

1. Please review rules prior to submitting request.
2. Please fill out a separate form for each course.
3. Attach additional pages as necessary.
4. **Please attach the agenda, presenter bios and course descriptions with each request.**

1. Name of GAL making request: \_\_\_\_\_

2. Does this activity:

- a. Simply involve independent reading or study by the person claiming the credit?  
Yes                      No

*Note: If you answered, "yes" to this question, the activity would not qualify for credit unless it is an activity approved for continuing legal education under New Hampshire Supreme Court Rule 53 which meets the requirements of Gal 403.02 (a), (c), (d), and (e). See Gal 403.02 (b) and Gal 403.03 (f), (g). Rule 53-approved approved activities that meet the requirements of Gal 403.02 (a), (c), (d), and (e) need not be specially approved.*

- b. Simply involve the experience of actual service as a guardian ad litem?  
Yes                      No

*Note: If you answered, "yes" to this question, the activity would not qualify for credit. See Gal 403.02 (d).*

3. Title of class, seminar, training, activity: \_\_\_\_\_

4. Please provide a detailed description of the activity that you wish to claim for credit, including in your answer the subject areas covered or to be covered i.e. (attach additional pages as needed):

5. What are/were the date(s) on which the activity was/will be conducted?

6. Who is presenting the activity (attach additional pages as needed):

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Please check the appropriate box:

The sponsor is a person or persons and I have attached the curriculum vitae of each person to this request [*Curriculum vitae of each is required. See Gal 403.06 (c) (3)*]

The sponsor is an organization or entity other than an individual and I have completed Item 5. D. below.

d. If the sponsor is an organization or entity other than an individual, please provide:

i. A description of the organization or entity:

ii. A description of the purpose of the organization or entity:

7. Regardless of whether the sponsor of the activity is an organization, an individual, a number of individuals or another entity, please provide the following:

a. The name or names of the person or persons who will actually be presenting, or who actually did present, the activity: [*If curriculum vitae is attached, it is not necessary to paraphrase. State "see curriculum vitae"*]:

8. Please provide a summary of the reasons that the activity is believed to qualify for continuing education credit under the standards set forth at Gal 403.02. *[Attach additional pages as needed. See Gal 403.02 for specific requirements. Generally, continuing education claimed for credit must relate to activities undertaken by GALs in the State of New Hampshire; with certain exceptions, not simply involve independent reading or study; not merely introduce members of the general public to the activities of GALs; not simply involve the experience of actual service as a GAL; and accomplish one or more of the following objectives: (1) Update or enhance the professional knowledge, skill or competence of the GAL; or (2) Provide the GAL with opportunities for professional growth and development specifically related to GAL practice.*

9. What number of continuing education hours do you seek to have credited for this activity?

By signing below I certify that all the information provided in this request is true and accurate, to the best of my knowledge;

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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