



**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

## Guardian ad Litem Board

### LOG OF PROFESSIONAL or VOLUNTEER EXPERIENCE

*Complete this document in response to GAL Application, Part C: Education/Experience, question 5.*

**Applicant's Name:** \_\_\_\_\_  
Print Name

1. Check highest degree applicant has obtained from an accredited college or university:

\_\_\_\_\_ Associate's – Must have at least 1,000 hours.

\_\_\_\_\_ Bachelor's – Must have at least 600 hours.

\_\_\_\_\_ Advanced Degree (for which a bachelor's degree was a prerequisite) – Must have at least 200 hours.

2. How many hours of experience is applicant claiming (total of hours listed below)? \_\_\_\_\_

3. Provide the following information for hours of experience in response to question 2 above:

<i>Description of Activity</i>	<i>Activity Location</i>	<i>Name &amp; Address of person who can verify info.</i>	<i># Hours for activity</i>
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a.			
b.			
c.			
d.			



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<i>Description of Activity</i>	<i>Activity Location</i>	<i>Name &amp; Address of person who can verify info.</i>	<i># Hours for Activity</i>
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e.			
f.			
g.			
h.			
i.			
j.			
k.			
l.			

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By signing below the applicant certifies that the activities provided above meet the requirements of Gal 302.02 (c) (1) – (4).

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Applicant signature