PETITION FOR APPROVAL OF TRAINING AS QUALIFYING FOR CONTINUING EDUCATION CREDIT

(Attach additional pages as necessary)

1.	Name of person making request:
2.	What is the name of the <u>sponsoring</u> agency, organization, entity, if any, submitting this petition?
3.	Street address of organization or person making request:
4.	Telephone number of organization or person making request:
5.	What is the position within the sponsoring agency, if any, of the person submitting this petition?
6.	Please check the appropriate boxes and complete each section: A. The sponsor is an organization or entity other than an individual. i. Description of the organization or entity:
	ii. Description of the purpose of the organization or entity:

	B. The sponsor is a person or persons listed below, and I have attached the curriculum vitae of each person to this request. [Curriculum vitae of each is required] Name(s):
7.	Regardless of the sponsor, please provide the name or names of the person or persons who will, or may be presenting the training and attach the curriculum vitae of each person to this request. [Curriculum vitae of each is required] [attach additional pages as needed]:
8.	Title of Training Class/Seminar:
9.	Please provide a detailed description of the training that the petitioner wishes to offer for credit, including in your answer the subjects to be covered. [Attach additional pages as needed]

	pages as needed]	escription of the writt	en materials that will be util	ized in the training: [Attach additional
			ns that the activity is believed 1403.02 (see reference pages	ed to qualify for continuing education).
12.	What is/are the spe	ecific date(s) of the tra	ining that the petitioner wishe	es to offer for credit?
	Has this request be offer?	een submitted at least	120 days before the date of the	ne training that the petitioner wishes to
		Yes	No	
	Is the date of the t date of this reques		ner wishes to offer more than	one and one half (1 ½) years after the
		Yes	No	
15.	What alternative d	ate or dates, if any, wo	ould the training be provided	in the case of cancellation?

	•	credits sought to be allowed for those who attend the full ne number of hours or portions of an hour that the activity will
	A. Please describe the method by which the 16. above was calculated:	number of continuing education credits noted in Question
17.	What is the price, if any, that would be charged for	or the training?
	•	ting material, if any, as you believe will enable the Board to ining meets the criteria set forth in Gal 403.02, such as a
	Yes No A. Please list the materials, if any, attached p	oursuant to Question 18. [Attach additional pages as needed]:
19.	Have you included herewith the fee specified by	Gal 304.01 (g)?
	Yes No	
•	signing below I certify that all the the information knowledge;	n provided in this request is true and accurate, to the best of
	 Signature	 Date
	Print Name	

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