



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

GAL Form 25
12/27/21

NOTIFICATION OF COMPLETION OF CONTINUING EDUCATION
PURSUANT TO REQUEST FOR ALTERATION OF TIME

[This form may be used by persons required to submit to the Guardian ad Litem Board information regarding the completion of continuing education requirements following the granting of an alteration of time in which to complete those requirements. See Gal 403.01(p).]

1. Name: _____

2. Please identify the date to which the alteration of time was granted: _____

3. What was the date the 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.