## **<u>REQUEST FOR ALTERATION OF TIME IN</u>** <u>WHICH TO COMPLETE CONTINUING EDUCATION</u>

- 1. Name of person making request:
- 2. Is this request for an alteration of the time in which to complete continuing education credits due to circumstances which were or are beyond your control?

Yes No

3. Is this request for an alteration of time in which to complete continuing education credits due to a mistaken belief as to the requirements of Chapter Gal 400?

Yes No

4. If you answered "yes" to question 3. above and this request is due to a mistaken belief as to the requirements of Chapter Gal 400, have you ever previously submitted any request to the Board in which you claimed a mistaken belief as to the requirements of that chapter?

Yes No Not applicable

5. Please explain the reasons that you believe an alteration of time in which to complete continuing education is necessary, including in your answer the reason(s) you believe that you are unable to complete the required number of continuing education credits within the applicable time period *[Attach additional pages as needed]*:

6. Please specify the length or nature of the alteration of time requested:

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.