

**REQUEST FOR RECERTIFICATION OR
REINSTATEMENT**

[Presently and formerly certified GALs requesting recertification, requesting reinstatement, or seeking a specific order confirming reinstatement may use this form to request such action from the Guardian ad Litem Board. See Gal 402.07 and Gal 402.08. As an alternative to the use of this form, persons making such requests may submit any other manner of request that provides the information required by the Board]

1. Name of person making request: _____

2. Please identify the request at issue (select one):
 - A. Request for reinstatement by a currently certified GAL following completion of a period of suspension [*See Gal 402.07 (d) (1) a. Check this box if, for example, your Board certification as a GAL has not expired but you were suspended for failure to complete continuing education requirements and have now completed those requirements, or if your Board certification has not expired but you were suspended for a set period of time which has now ended. Complete Section 3. A. below*]

 - B. Request for reinstatement by a currently certified GAL during an ongoing period of suspension [*See Gal 402.07 (d) (1) b. Check this box if, for example, your Board certification as a GAL has not expired but it is under suspension for a set period of time which has not yet ended, or if your Board certification has not expired but it is under suspension and you have not completed all requirements which were a condition to the end of the suspension. Complete Section 3. B. below*]

 - C. Request for reinstatement after revocation of certification [*See Gal 402.08. Complete Section 3. C. below*]

 - D. Request for recertification following expiration of a certification that was under suspension [*See Gal 402.07 (d) (2). Check this box if your Board certification as a GAL expired while it was under suspension. Complete Section 3. D. below*]

3. A. **Complete this section if request is by a currently certified GAL for confirmation of reinstatement following completion of a period of suspension. [See Gal 402.07 (d) (1) a.]**

(1) Has the person requesting reinstatement complied with any other sanction or penalty imposed upon him or her by the Board?

Yes No Not Applicable

(2) If you answered “Yes” to question (1) above, what other sanctions have been fulfilled and when?

(3) Do you believe that you meet all other qualifications for certification? *[See Gal 303.01 (regarding new certifications) and Gal 401.10 (regarding renewed certifications)]*

Yes No

(4) If you answered “No” to question (3) above, what qualifications for certification do you believe have not been met?

(5) Does this request relate to a reinstatement suspended in accordance with the terms of a settlement or agreement?

Yes No

(6) If you answered “Yes” to question (5) above:

(a) What is the date of the settlement of agreement at issue?

(b) Have you complied with the terms of the settlement or agreement?

Yes No

(c) Please explain your answer to (6) (b) above:

(7) Excluding counseling or treatment under Gal 402.01 (a) (7), have you had sanctions or penalties imposed upon you by the Board for more than two incidents (unless reversed or overturned on appeal)?

Yes No

(8) Do you request a hearing on reinstatement?

Yes No, please confirm or decline to confirm my reinstatement without a hearing

(9) Upon completion of the above questions, please remember to date and sign at Number 4. below.

B. Complete this section if request is by a currently certified GAL seeking reinstatement during an ongoing period of suspension. [See Gal 402.07 (d) (1) b.]

(1) *Reinstatement in this context requires that you submit a written request for a hearing on reinstatement. The standards utilized to determine whether or not to grant reinstatement are set forth at Gal 402.07 (d) (1) b. Please select one of the following:*

Please accept this filing as my written request for a hearing

A written request for a hearing on reinstatement is attached

(2) Have you submitted herewith the reinstatement fee specified in Gal 304.01?

Yes No

(3) Have you complied with any other sanction, penalty or condition imposed upon you by the Board, including the terms of any settlement or agreement with the Board, as required?

Yes No Not Applicable

(4) If you answered “Yes” to question (3) above, what other sanctions, penalties or conditions have been fulfilled and when?

(5) Excluding counseling or treatment under Gal 402.01 (a) (7), have you had sanctions or penalties imposed upon you by the Board for more than two incidents (unless reversed or overturned on appeal)?

Yes No

(6) Do you believe that you meet all other qualifications for certification? [*See Gal 303.01 (regarding new certifications) and Gal 401.10 (regarding renewed certifications)*]

Yes No

(7) If you answered “No” to question (6) above, what qualifications for certification do you believe have not been met?

(8) Upon completion of the above questions, please remember to date and sign at Number 4. below.

C. Complete this section if request is for reinstatement after revocation of certification. [*See Gal 402.08*]

(1) (a) *Reinstatement in this context requires that you submit a written request for a hearing on reinstatement. The standards utilized to determine whether or not to grant reinstatement are set forth at Gal 402.08. Please select one of the following:*

- Please accept this filing as my written request for a hearing
- A written request for a hearing on reinstatement is attached

(b) I. Has this request for a hearing on reinstatement been submitted at least three (3) years after the date of the revocation at issue?

Yes No

II. Please specify the effective date of the revocation:

(2) Have you submitted herewith:

(a) A fully executed Application for Renewal, Reinstatement or Recertification form?

Yes No

(b) A fully executed Supplemental Application for Renewal, Reinstatement or Recertification form?

Yes No

(c) All supporting material required by Gal 401.09? *[The Board's Renewal, Reinstatement and Recertification Checklist should be utilized to assist in submission of the required material]*

Yes No

(d) The reinstatement fee specified in Gal 304.01?

Yes No

(3) (a) Have you again completed the initial training requirements of Gal 303.02 (b) (1) and (c) within the three (3) year period prior to this request for reinstatement? *[See 403.01 (d)]*

Yes No

(b) Please specify the date(s) of training:

(4) Have you submitted herewith copies of certificates of attendance documenting that you have again completed the initial training requirements of Gal 303.02 (b) (1) and (c), in addition to that training originally taken to obtain certification?

Yes No

(5) (a) Have you completed 15 credits of additional training of the type specified in Gal 403.02 and Gal 403.03 within the one year prior to this request for reinstatement? [*See 403.01 (d)*]

Yes No

(b) Please specify the date(s) of the training:

(c) Please describe the training. *For each training activity undertaken, please note the specific type of training listed in Gal 403.03 (a) through (j) that the activity entailed.* Attach additional sheets as needed:

(6) Have you submitted herewith documentation, as described in Gal 403.08 (b) (1) through (8) and (10), of the completion of 15 credits of additional training of the type specified in Gal 403.02 and Gal 403.03 within the one year prior to this request for reinstatement?

Yes No

(7) Have you ever previously had your certification revoked and reinstated by the Board?

Yes No

(8) Excluding counseling or treatment under Gal 402.01 (a) (7), have you had sanctions or penalties imposed upon you by the Board for more than two incidents (unless reversed or overturned on appeal)?

Yes No

(9) Have you complied with any other sanction, penalty or condition imposed upon you by the Board, including the terms of any settlement or agreement with the Board, as required?

Yes No Not Applicable

(10) If you answered “Yes” to question (9) above, what other sanctions, penalties or conditions have been fulfilled and when?

(11) (a) Do you believe that you meet the qualifications for renewal set forth at Gal 401.10?

Yes No

(b) If you answered “No” to question (11) (a) above, what qualifications for certification do you believe have not been met?

(12) Upon completion of the above questions, please remember to date and sign at Number 4. below.

D. Complete this section if request is for recertification following the expiration of a certification that was under suspension. [See Gal 402.07 (d) (2)]

(1) (a) *Recertification in this context requires that you submit a written request for a hearing on recertification. The standards utilized to determine whether or not to grant recertification are set forth at Gal 402.07 (d) (2). Please select one of the following:*

Please accept this filing as my written request for a hearing

A written request for a hearing on reinstatement is attached

(2) Have you submitted herewith:

(a) A fully executed Application for Renewal, Reinstatement or Recertification form?

Yes No

(b) A fully executed Supplemental Application for Renewal, Reinstatement or Recertification form?

Yes No

(c) All supporting material required by Gal 401.03 (b)? [*See Gal 401.09 as to specification of supporting material. The Board's Renewal, Reinstatement and Recertification Checklist should be utilized to assist in submission of the required material*]

Yes No

(d) The recertification fee specified in Gal 304.01?

Yes No

(3) (a) Have you completed 35 continuing education credits of the type specified in Gal 403.02 and Gal 403.03 within the 3-year period prior to the request for recertification? [*See Gal 403.01 (c)*]

Yes No

(b) Please specify the date(s) of the continuing education:

(c) Please describe the continuing education. *For each of the continuing education activities undertaken, please note the specific type of continuing education listed in Gal 403.03 (a) through (j) that the activity entailed. Attach additional sheets as needed:*

(4) Have you submitted herewith documentation, as described in Gal 403.08 (b) (1) through (8) and (10), of the completion of 35 continuing education credits of the type specified in Gal 403.02 and Gal 403.03 within the 3-year period prior to the request for recertification?

Yes No

(5) (a) Has a length of time equivalent to the period of suspension imposed upon you elapsed prior to this request for recertification?

Yes No

(b) Please specify the period of suspension that was imposed upon you:

(6) Excluding counseling or treatment under Gal 402.01 (a) (7), have you had sanctions or penalties imposed upon you by the Board for more than two incidents (unless reversed or overturned on appeal)?

Yes No

(7) (a) Do you believe that you meet the qualifications for renewal set forth at Gal 401.10?

Yes No

(b) If you answered “No” to question (7) (a) above, what qualifications for certification do you believe have not been met?

(8) Have you complied with any other sanction, penalty or condition imposed upon you by the Board, including the terms of any settlement or agreement with the Board, as required?

Yes No Not Applicable

(9) If you answered “Yes” to question (8) above, what other sanctions, penalties or conditions have been fulfilled and when?

(10) Upon completion of the above questions, please remember to date and sign at Number 4. below.

4. Date and Signature.

Date: _____

Signature: _____

Name in Print: _____