

NOTIFICATION OF COMPLETION OF EXPERIENCE AND/OR CONTINUING EDUCATION REQUIREMENTS PURSUANT TO ONE-TIME WAIVER OF GAL 401.11

[This form may be used by persons required to submit to the Guardian ad Litem Board information regarding the completion of continuing education or experience requirements following the issuance of a one-time waiver under Gal 401.11(e) or (f). As an alternative to the use of this form, GALs may submit any other manner of notification that provides the information required by the Board]

1. Name: _____

2. Date to which one-time waiver was granted: _____

3. This notification relates to a waiver granted for *[check all that apply and complete the identified log(s)]*

The continuing education requirement of Gal 403.01 (a)
[Complete and submit the Continuing Education Activity Log at Number 4. below and sign at number 6.]

The professional and volunteer activity experience requirements specified in Gal 303.01 (c)
[Complete and submit the Log of Professional or Volunteer Experience at Number 5. below and sign at number 6.]

4. **Continuing Education Activity Log**

Total number of credits required for first period of renewal _____ Total Number of credits claimed _____

Title of Activity	Topics Covered	Date	Sponsor or Provider	Activity Type*	# of Credits Claimed

I. Has the applicant retained documentation verifying each activity, attendance and number of credits as required by Gal 403.09? Yes

No

II. Is the applicant claiming any credits for Activity Type d, g, or i (below) Yes No

If yes, what is the percentage for those credits of the total credits claimed? _____ (Note: a maximum of 75% may be claimed)

*Activity Type: (See Gal 403.03 for more specific information)

- (a) – Certification course as described in Gal 303.02 (b) (1) or (c)
- (b) – Review course sponsored by the Board as described in Gal 403.07
- (c) – Training session approved by the Board according to Gal 403.04
- (d) – Instructor of any course or training listed in (a), (b) or (c)
- (e) – Instructor or mentor for supplemental training, supervised training or supplemental education described at Gal 402.01
- (f) – Activity approved under Supreme Court Rule 53 that meets requirements of Gal 403.02 (a), (c) – (e)
- (g) – Instructor of activity approved under Supreme Court Rule 53 that meets requirements of Gal 403.02 (a), (c) – (e)
- (h) – College/university class or course that meets requirements of Gal 403.02 (a) – (e) and in which applicant received a grade of “B” or better
- (i) – Instructor of college/university class or course that meets requirements of Gal 403.02 (a) – (e)
- (j) – Presiding officer or investigator for matter before the Board
- (k) – Other: not specified above. See Gal 403. 05 (Submit page entitled “Other Continuing Education” [GAL Form 12] for each of these activities)

5. **Log of Professional or Volunteer Experience**

I. Check highest degree obtained from an accredited college or university

- Associate’s – Must have 5 years experience of at least 200 hours in each year
- Bachelor’s – Must have 3 years experience of at least 200 hours in each year
- Advanced Degree beyond Bachelor’s Degree (*for which a Bachelor’s degree was a prerequisite*)
– Must have 1 year experience of at least 200 hours

II. How many years of experience are being claimed? _____

III. Fill in the information below for each year claimed.

Year 1: Beginning date _____ Ending date _____ Total hours for year _____
(mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Year 2: Beginning date _____ Ending date _____ Total hours for year _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Year 3: Beginning date _____ Ending date _____ Total hours for year _____
 (mm/dd/yyyy) (mm/dd/yyyy)

Description of Activity	Activity Location (address)	Name & Address of person who can verify information	# Hours for activity

Use additional sheets for additional activities or additional years.

6. **Date and Signature**

Date: _____

Signature: _____

Name in Print: _____