



**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.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

**NOTE: This form is part of the Supplemental Application for Certification form and Supplemental Application for Renewal, Reinstatement or Recertification form. Pursuant to RSA 641:3, false statements made on this form are punishable by law.**