GAL Form 12
9/15/07

Other Continuing Education

For: _____
(Applicant name)

Date: _____

(Applicants are requested to submit this form if claiming continuing education that does not fall within categories listed in Gal 403.03)

1. Description of Activity:

   _____

   _____

2. Has this activity been approved for continuing education credit under Gal 403.05 and Gal 403.06? Yes ☐ No ☐

***Note*: Board approval is required to utilize activities not listed in Gal 403.03 for continuing education credit.**

3. i. If the applicant answered YES to Question 2, what was the date of the approval?

   _____

   ii. If the applicant answered NO to Question 2, has applicant submitted a request for approval as described at Gal 403.06?

   Yes ☐ No ☐