

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.