

COLLABORATIVE LAW ALLIANCE OF NEW HAMPSHIRE  
**Request for Continuing Education Course Approval**

1. Name of Person making this request: \_\_\_\_\_

2. Contact information: Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

3. Are you Provider  Student

4. Course Provider (Organization or Entity): \_\_\_\_\_

5. Is this a request for  
Pre-approval  (If possible, submit at least 60 days prior to the course date)  
Approval  (Course already occurred.)

6. Name of Course: \_\_\_\_\_

7. Date/Time/Location: \_\_\_\_\_

8. Provide short synopsis of the Course. \_\_\_\_\_

9. Mark category of Course, based on CLANH Standards:

- Mediation Training (30-hour minimum), Aspirational 3.1, 5.1, 7.2
- Advanced Collaborative Practice, Aspirational 3.2, 5.2, 7.3
- Advanced Mediation or Interest-based Negotiation, Aspirational 3.2, 7.3
- Divorce Financials Fundamentals, Aspirational (20 hours for FP) 7.1
- Family Law Basics, Aspirational (3 hrs for MHP) 5.3, (component of 20 hrs for FP)7.1
- Basic Professional Coach Training, Aspirational 3.2, 5.2, 7.3
- Communication skills, Aspirational 3.2, 5.2, 7.3

10. Name(s) of Presenter(s): \_\_\_\_\_

11. Approval Requested: \_\_\_\_\_ **hours**

Attach the following:

- Resume and/or credentials of all presenters**
- Detailed course outline**, including timetable and presenter for each topic.
- Copies of handouts** that will be provided to each participant. (If actual handouts are not yet available, samples of proposed or draft handouts may be submitted.)
- (Optional) Course flyer or brochure**
- (Providers only)** List of attendees, if this request is made after course has occurred. If provider is requesting pre-approval, please submit a list of attendees within 45 days after the date of the seminar or workshop.