



Parent Investigator/GAL Application for Approval of Continuing Education

Enter information below and submit to the N.D. State Court Administrator for approval.

Please reference N.D.R.C. Rule 8.6: <https://www.ndcourts.gov/legal-resources/rules/ndrct/8-6>

Name of person requesting approval:			
Address	City	State	Zip Code
Phone Number:		Email:	

Title of Training #1:			
Training Date(s)			
Training Description:			
Institution:		Telephone	
Address	City	State	Zip Code
Number of Training Hours Provided:			
<p>*Attach any materials that that will assist in determination of training approval. This may include a training brochure, training agenda, topics, certificate of attendance, and any related materials.</p>			



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Title of Training #2:			
Training Date(s)			
Training Description:			
Institution:		Telephone	
Address	City	State	Zip Code
Number of Training Hours Provided:			
*Attach any materials that that will assist in determination of training approval. This may include a training brochure, training agenda, topics, certificate of attendance, and any related materials.			
Date:		Signature of Applicant:	

Title of Training #3:			
Training Date(s)			
Training Description:			
Institution:		Telephone	
Address	City	State	Zip Code
Number of Training Hours Provided:			
*Attach any materials that that will assist in determination of training approval. This may include a training brochure, training agenda, topics, certificate of attendance, and any related materials.			



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(For Court Use Only)

This Training is: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved For _____ Credit Hours	Signature:	Dated:
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Submit form to:

Bryan Pechtl
North Dakota Courts
600 E. Boulevard Ave.
Dept. 180
Bismarck, ND 58505
bpechtl@ndcourts.gov