

License Application Review

Applications in need of further review by either Director, Board or Legal, please complete this form and follow process to provide to appropriate reviewer.

Date Application Received: 10/25/2024

Date Application Considered Complete: N/A

Name of Applicant: Kristine Keeler

License Profession: Guardian Ad Litem

License Status: NEW RENEWAL REINSTATEMENT

License Number (if applicable): 00025

Reason for Possible Denial (Explanation and Statue):

Reviewed By: Christine Browning

Date: 10/30/2024

Additional Comments:

Please review the request by licensee Kristine Keeler for approval of continuing education activity not listed in GAL 403.03.

Final Decision:

Date:

Licensee Notified:

Person Facility Search | New Applicant Search | Clear | Add Person

Search Results Page 1 of 1

Name / License Type	Address/License Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License Status
KEELER, KRISTINE L Guardian ad Litem	PO BOX 554 Rye NH 03870 PO BOX 554 Rye NH 03870		00025		03/18/2016	03/18/2025	Active

New Application | New Archive

Person Details

First Name: KRISTINE
 Middle Name: L
 Last Name: KEELER
 Suffix:
 Address Line 2:
 Address Line 1: PO BOX 554
 Address Line 4: Rye NH 03870
 Address Line 3:
 Registration Code: 23876242
 PersonId: 11548037
 Date of Birth: 02/27/1967
 Gender:
 SSN:

License Details

Profession: Guardian ad Litem
 License Type: Guardian ad Litem
 Sub Type:
 License Number: 00025
 Status: Active
 Date This Status: 03/21/2022
 State/Prov:
 from Country:
 Issue Date: 03/18/2016
 Effective Date: 03/18/2016
 Expiration Date: 03/18/2025
 Date Last Renewal: 03/21/2022
 Number of Renewals: 1
 Application Recd Date: 02/07/2019
 Obtained By: Application
 Reinstatement App Recd
 Date:
 Renewal Id:
 Applicant Number: 1574892

Alias Details

Alias Type	First Name	Middle Name	Last Name
No Data			

Requirements Details

Name	Status	Date
No Data		

Employment Details

Employer Name	Primary Employer Flag	Start Date	End Date
No Data			

Education Details

School Type	Profession	Date Enrolled	Credit Hours
No Data			

Probate Court Details

Brentwood:
 Concord:
 Dover:
 Haverhill:
 Keene:
 Laconia:
 Lancaster:
 Nashua:
 Newport:
 Ossipee:

Continuing Ed Details

Cycle Name	Date Completed	Credits Taken	Result
Current cycle		0.00	Not checked
Last cycle	03/21/2022	30.00	Passed

District Court Details

Berlin:
 Brentwood:
 Candia:
 Claremont:
 Colebrook:
 Concord:
 Conway:
 Derry:

Family Court Details

Berlin:
 Brentwood:
 Claremont:
 Colebrook:
 Concord:
 Conway:
 Derry:
 Dover:

Dover:	<input checked="" type="checkbox"/>
Franklin:	<input type="checkbox"/>
Goffstown:	<input type="checkbox"/>
Haverhill:	<input type="checkbox"/>
Hillsborough:	<input type="checkbox"/>
Hooksett:	<input type="checkbox"/>
Jaffrey/Peterborough:	<input type="checkbox"/>
Keene:	<input type="checkbox"/>
Laconia:	<input type="checkbox"/>
Lancaster:	<input type="checkbox"/>
Lebanon:	<input type="checkbox"/>
Littleton:	<input type="checkbox"/>
Manchester:	<input type="checkbox"/>
Merrimack:	<input type="checkbox"/>
Milford:	<input type="checkbox"/>
Nashua:	<input type="checkbox"/>
Newport:	<input type="checkbox"/>
Ossipee:	<input type="checkbox"/>
Plaistow:	<input type="checkbox"/>
Plymouth:	<input type="checkbox"/>
Portsmouth:	<input checked="" type="checkbox"/>
Rochester:	<input checked="" type="checkbox"/>
Salem:	<input type="checkbox"/>

Franklin:	<input type="checkbox"/>
Goffstown:	<input type="checkbox"/>
Haverhill:	<input type="checkbox"/>
Hillsborough:	<input type="checkbox"/>
Hooksett:	<input type="checkbox"/>
Laconia:	<input type="checkbox"/>
Lancaster:	<input type="checkbox"/>
Lebanon:	<input type="checkbox"/>
Littleton:	<input type="checkbox"/>
Manchester:	<input type="checkbox"/>
Merrimack:	<input type="checkbox"/>
Nashua:	<input type="checkbox"/>
Newport:	<input type="checkbox"/>
Ossipee:	<input type="checkbox"/>
Plymouth:	<input type="checkbox"/>
Portsmouth:	<input checked="" type="checkbox"/>
Rochester:	<input checked="" type="checkbox"/>
Salem:	<input type="checkbox"/>

Superior Division

Details ^

Belknap:	<input type="checkbox"/>
Carroll:	<input type="checkbox"/>
Cheshire:	<input type="checkbox"/>
Coos:	<input type="checkbox"/>
Grafton:	<input type="checkbox"/>
Hillsborough North:	<input type="checkbox"/>
Hillsborough South:	<input type="checkbox"/>
Merrimack:	<input type="checkbox"/>
Rockingham:	<input type="checkbox"/>
Strafford:	<input type="checkbox"/>
Sullivan:	<input type="checkbox"/>

Questions from Web

Details ^

Question	Answer
No Data	

Person Or Facility Document

Details ^

Document Name	Document Type	Description	Profession
No Data			

License Document

Details ^

Document Name	Document Type	Description	Profession
No Data			

Discipline Flag (UDO)

Details ^

check to flag discipline:	<input type="checkbox"/>
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OCT 25 2024

OPLC-FINANCE



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

**REQUEST FOR APPROVAL OF CONTINUING
EDUCATION ACTIVITY NOT LISTED IN GAL 403.03**

Instructions:

1. Please review rules prior to submitting request.
2. Please fill out a separate form for each course.
3. Attach additional pages as necessary.
4. Please attach the agenda, presenter bios and course descriptions with each request.

Kristine Keeler

1. Name of GAL making request: _____

2. Does this activity:

a. Simply involve independent reading or study by the person claiming the credit?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit unless it is an activity approved for continuing legal education under New Hampshire Supreme Court Rule 53 which meets the requirements of Gal 403.02 (a), (c), (d), and (e). See Gal 403.02 (b) and Gal 403.03 (f), (g). Rule 53-approved approved activities that meet the requirements of Gal 403.02 (a), (c), (d), and (e) need not be specially approved.

b. Simply involve the experience of actual service as a guardian ad litem?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit. See Gal 403.02 (d).

Drug Testing-DCYF

3. Title of class, seminar, training, activity: _____

4. Please provide a detailed description of the activity that you wish to claim for credit, including in your answer the subject areas covered or to be covered i.e. (attach additional pages as needed):

*Training included types of testing - Urine, hair, Blood, sweat, saliva.
Screening - Immucassay.*

Training focused on drug screen process and how test results are read. Confirmation testing.

5. What are/were the date(s) on which the activity was/will be conducted? 5/12/2023

May 12, 2023

6. Who is presenting the activity (attach additional pages as needed):

a. Name: Amy Kelly

b. Address: Amy.Kelly@affiliate.dhhs.gov

c. Please check the appropriate box:

The sponsor is a person or persons and I have attached the curriculum vitae of each person to this request [*Curriculum vitae of each is required. See Gal 403.06 (c) (3)*]

The sponsor is an organization or entity other than an individual and I have completed Item 5. D. below.

d. If the sponsor is an organization or entity other than an individual, please provide:

i. A description of the organization or entity:

Amy Kelly, LDAC, offers training on drug screening for 169:C cases. ~~Christin~~

ii. A description of the purpose of the organization or entity:

Christine Horne provided link to the training.

7. Regardless of whether the sponsor of the activity is an organization, an individual, a number of individuals or another entity, please provide the following:

a. The name or names of the person or persons who will actually be presenting, or who actually did present, the activity: [*If curriculum vitae is attached, it is not necessary to paraphrase. State "see curriculum vitae"*]:

Amy Kelly - Amy.Kelly@Affiliate.dhhs.gov

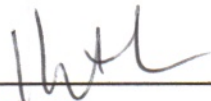
8. Please provide a summary of the reasons that the activity is believed to qualify for continuing education credit under the standards set forth at Gal 403.02. *[Attach additional pages as needed. See Gal 403.02 for specific requirements. Generally, continuing education claimed for credit must relate to activities undertaken by GALs in the State of New Hampshire; with certain exceptions, not simply involve independent reading or study; not merely introduce members of the general public to the activities of GALs; not simply involve the experience of actual service as a GAL; and accomplish one or more of the following objectives: (1) Update or enhance the professional knowledge, skill or competence of the GAL; or (2) Provide the GAL with opportunities for professional growth and development specifically related to GAL practice.*

I carry about 20-30 169:C cases and parents are frequently deny drug use. Important in determining whether parents are activity using which directly affects reunification w/ child & parent.

9. What number of continuing education hours do you seek to have credited for this activity?

2

By signing below I certify that all the information provided in this request is true and accurate, to the best of my knowledge;



Signature

10/16/2024

Date

Kristine Koeter

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.

FW: FW: Drug Testing Open Access Training for CASA/GAL/Parent Attorneys

From: Ralph Morin <rmoringal@gmail.com>
Sent: Thursday, May 11, 2023 4:13 PM
To: Horne, Christine <christine.m.horne@oplc.nh.gov>
Subject: Re: FW: Drug Testing Open Access Training for CASA/GAL/Parent Attorneys

EXTERNAL: Do not open attachments or click on links unless you recognize and trust the sender.

Here is the link to the training:

<https://us06web.zoom.us/j/84770311985>

On Thu, May 11, 2023 at 4:04 PM Horne, Christine <christine.m.horne@oplc.nh.gov> wrote:

FW: FW: Drug Tes... Re: Re: X (No subject) X Appointmen... X Re: Procedur... X

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REQUEST FOR APPROVAL OF CONTINUING
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Instructions:

1. Please review rules prior to submitting request.
2. Please fill out a separate form for each course.
3. Attach additional pages as necessary.
4. Please attach the agenda, presenter bios and course descriptions with each request.

Kristine Keeler

1. Name of GAL making request: _____

2. Does this activity:

a. Simply involve independent reading or study by the person claiming the credit?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit unless it is an activity approved for continuing legal education under New Hampshire Supreme Court Rule 53 which meets the requirements of Gal 403.02 (a), (c), (d), and (e). See Gal 403.02 (b) and Gal 403.03 (f), (g). Rule 53-approved approved activities that meet the requirements of Gal 403.02 (a), (c), (d), and (e) need not be specially approved.

b. Simply involve the experience of actual service as a guardian ad litem?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit. See Gal 403.02 (d).

3. Title of class, seminar, training, activity: Co-parenting consideration for family with neurodivergent c

4. Please provide a detailed description of the activity that you wish to claim for credit, including in your answer the subject areas covered or to be covered i.e. (attach additional pages as needed):

Discussion of Autism DX - ADHD. Genetics & health & education, adapt to school & home.

5. What are/were the date(s) on which the activity was/will be conducted?

March 18, 2024

6. Who is presenting the activity (attach additional pages as needed):

a. Name: Rebecca Perra, Judge Martinez

b. Address: info@ourfamilywizard.com

c. Please check the appropriate box:

The sponsor is a person or persons and I have attached the curriculum vitae of each person to this request [*Curriculum vitae of each is required. See Gal 403.06 (c) (3)*]

The sponsor is an organization or entity other than an individual and I have completed Item 5. D. below.

d. If the sponsor is an organization or entity other than an individual, please provide:

i. A description of the organization or entity: my Family Wizard

ii. A description of the purpose of the organization or entity:

7. Regardless of whether the sponsor of the activity is an organization, an individual, a number of individuals or another entity, please provide the following:

a. The name or names of the person or persons who will actually be presenting, or who actually did present, the activity: [*If curriculum vitae is attached, it is not necessary to paraphrase. State "see curriculum vitae"*]:

Rebecca Perra

Judge Martinez

Attorney Sarah Kay

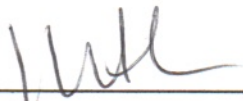
8. Please provide a summary of the reasons that the activity is believed to qualify for continuing education credit under the standards set forth at Gal 403.02. [Attach additional pages as needed. See Gal 403.02 for specific requirements. Generally, continuing education claimed for credit must relate to activities undertaken by GALs in the State of New Hampshire; with certain exceptions, not simply involve independent reading or study; not merely introduce members of the general public to the activities of GALs; not simply involve the experience of actual service as a GAL; and accomplish one or more of the following objectives: (1) Update or enhance the professional knowledge, skill or competence of the GAL; or (2) Provide the GAL with opportunities for professional growth and development specifically related to GAL practice.

AS GAL many of our kids have diagnosis. Important to know what services are available to them. Learned that private tuition available through Federal & State Funding.

9. What number of continuing education hours do you seek to have credited for this activity?

2

By signing below I certify that all the information provided in this request is true and accurate, to the best of my knowledge;


Signature

10/16/2024
Date

Kristine Keeler
Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.

Certificate of Attendance

This certificate attests that

Kristine Keeler

attended the webinar:

**Co-Parenting Considerations For Families With
Neurodivergent Children: What Family Law Professionals
Need To Know**

Monday, March 18th, 2024
12:00 - 1:30 PM CDT

OurFamilyWizard Educational Team



OurFamilyWizard

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4. Please attach the agenda, presenter bios and course descriptions with each request.

Kristine Keeler

1. Name of GAL making request: _____

2. Does this activity:

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Yes No

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b. Simply involve the experience of actual service as a guardian ad litem?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit. See Gal 403.02 (d).

ICPC new protocols DCYF

3. Title of class, seminar, training, activity: _____

4. Please provide a detailed description of the activity that you wish to claim for credit, including in your answer the subject areas covered or to be covered i.e. (attach additional pages as needed):

As GAL for DCYF cases - kids are moved out of state due to lack of NH placements.

5. What are/were the date(s) on which the activity was/will be conducted?

April 5, 2024

6. Who is presenting the activity (attach additional pages as needed):

a. Name: Caitlyn Bickford, Permanency Supervisor

b. Address: Court Improvement Project
inrobinson1889@gmail.com

c. Please check the appropriate box:

The sponsor is a person or persons and I have attached the curriculum vitae of each person to this request *[Curriculum vitae of each is required. See Gal 403.06 (c) (3)]*

The sponsor is an organization or entity other than an individual and I have completed Item 5. D. below.

d. If the sponsor is an organization or entity other than an individual, please provide:

i. A description of the organization or entity:

ii. A description of the purpose of the organization or entity: DCYF - N.H.

7. Regardless of whether the sponsor of the activity is an organization, an individual, a number of individuals or another entity, please provide the following:

a. The name or names of the person or persons who will actually be presenting, or who actually did present, the activity: *[If curriculum vitae is attached, it is not necessary to paraphrase. State "see curriculum vitae"]*:

Caitlyn Bickford - Permanency Supervisor - DCYF

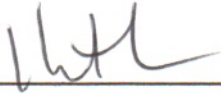
8. Please provide a summary of the reasons that the activity is believed to qualify for continuing education credit under the standards set forth at Gal 403.02. [Attach additional pages as needed. See Gal 403.02 for specific requirements. Generally, continuing education claimed for credit must relate to activities undertaken by GALs in the State of New Hampshire; with certain exceptions, not simply involve independent reading or study; not merely introduce members of the general public to the activities of GALs; not simply involve the experience of actual service as a GAL; and accomplish one or more of the following objectives: (1) Update or enhance the professional knowledge, skill or competence of the GAL; or (2) Provide the GAL with opportunities for professional growth and development specifically related to GAL practice.

±CPC revised 6/2022. 60 Day for homestudy
4-E Eligible - funding
RSA - 170A
Regulation 7

9. What number of continuing education hours do you seek to have credited for this activity?

2

By signing below I certify that all the information provided in this request is true and accurate, to the best of my knowledge;



Signature

10/16/2023

Date

Kristine Keeler

Print Name

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GAL Training - 4/5 at 12 pm

Lyndsay Robinson

LR

Hello all,

On Friday, April 5th at 12 pm, **Caitlyn Bickford** will provide training to GALs.

This training will provide an overview of the Interstate Compact on the Placement of Children (ICPC), which is the process DCYF must follow when placing a child out of state. We will review the different regulations that make up the ICPC and the different types of requests (parent, relative, residential etc) as well as the requirements and timeframes for each type of request.

This training will be offered virtually via Teams. Teams information can be found below.

Please let me know if you have any questions.

Best,

Lyndsay



Fri 3/15/2024 6:01 PM

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OCT 25 2024



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION

7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

OPTIONAL FINANCE

REQUEST FOR APPROVAL OF CONTINUING EDUCATION ACTIVITY NOT LISTED IN GAL 403.03

Instructions:

1. Please review rules prior to submitting request.
2. Please fill out a separate form for each course.
3. Attach additional pages as necessary.
4. Please attach the agenda, presenter bios and course descriptions with each request.

Kristine Keeler

1. Name of GAL making request: _____

2. Does this activity:

a. Simply involve independent reading or study by the person claiming the credit?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit unless it is an activity approved for continuing legal education under New Hampshire Supreme Court Rule 53 which meets the requirements of Gal 403.02 (a), (c), (d), and (e). See Gal 403.02 (b) and Gal 403.03 (f), (g). Rule 53-approved approved activities that meet the requirements of Gal 403.02 (a), (c), (d), and (e) need not be specially approved.

b. Simply involve the experience of actual service as a guardian ad litem?

Yes No

Note: If you answered, "yes" to this question, the activity would not qualify for credit. See Gal 403.02 (d).

Court Focus Group training

3. Title of class, seminar, training, activity: _____

4. Please provide a detailed description of the activity that you wish to claim for credit, including in your answer the subject areas covered or to be covered i.e. (attach additional pages as needed):

Focus group on substance abuse, housing & mental health.

5. What are/were the date(s) on which the activity was/will be conducted? 4/5/2024

April 5, 2024

6. Who is presenting the activity (attach additional pages as needed):

a. Name: Geraldo Pilarski, Administrator DCYF &

b. Address: mgandarillao@chapinhall.org
geraldol.pilarski@dhhs.nh.gov

c. Please check the appropriate box:

The sponsor is a person or persons and I have attached the curriculum vitae of each person to this request [*Curriculum vitae of each is required. See Gal 403.06 (c) (3)*]

The sponsor is an organization or entity other than an individual and I have completed Item 5. D. below.

d. If the sponsor is an organization or entity other than an individual, please provide:

i. A description of the organization or entity:

ii. A description of the purpose of the organization or entity: DHHS / DCYF

7. Regardless of whether the sponsor of the activity is an organization, an individual, a number of individuals or another entity, please provide the following:

a. The name or names of the person or persons who will actually be presenting, or who actually did present, the activity: [*If curriculum vitae is attached, it is not necessary to paraphrase. State "see curriculum vitae"*]:

Geraldo Pilarski - Administrator DCYF.

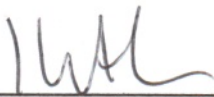
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Assist DcuF how to support families that have been impacted by DcuF & court process.

9. What number of continuing education hours do you seek to have credited for this activity?

2

By signing below I certify that all the information provided in this request is true and accurate, to the best of my knowledge;



Signature

10/16/2024

Date

Kristine Keeler

Print Name

Pursuant to RSA 641:3, false statements made on this form are punishable by law.

Re: Reminder: Court Focus Group on Thursday, May 30th from 11-12:30PM ET.

From: Gandarilla Ocampo, Maria <mgandarillao@chapinhall.org>
Sent: Friday, May 24, 2024 7:42:26 PM
To: Gandarilla Ocampo, Maria <mgandarillao@chapinhall.org>
Cc: Pilarski, Geraldo <Geraldo.Pilarski@dhhs.nh.gov>; Booth, Kristin <Kristin.E.Booth@dhhs.nh.gov>
Subject: Reminder: Court Focus Group on Thursday, May 30th from 11-12:30PM ET.

Good afternoon,

Thank you for your willingness to participate in a focus group with others involved in the court process to help DCYF better understand how to support families impacted by DCYF. We are looking forward to sharing space with you while learning from your expertise and insight! Attached is an informed consent document to give you a better understanding of your rights and what you can expect from our time together. Please review and let us know if you have any questions.

As a reminder, here is some information for your group:

Date and Time: Thursday, May 30th from 11-12:30PM ET.

Location: Zoom

<https://us06.web.zoom.us/j/87283313279>

Join our Cloud HD Video Meeting

Zoom is the leader in modern enterprise video communications, with an easy, reliable cloud platform for video and audio conferencing, chat, and webinars across mobile, desktop, and room systems. Zoom Rooms is