



**Center for Guardianship Certification**  
 P.O. Box 5704  
 Harrisburg, PA 17110  
 (717) 238-4689 ♦ (717) 238-9985 Fax

**APPLICATION FOR FLORIDA COMPETENCY EXAMINATION  
 AND  
 CERTIFICATION AS CGC REGISTERED GUARDIAN**

- \$250.00** Non-refundable examination fee to take the Florida Competency Exam, which includes the CGC Registered Guardian Exam
- \$140.00** Non-refundable examination fee to take the Florida Competency Exam only, for individuals that are already CGC Registered Guardians or Master Guardians
- \$100.00** Re-examination Fee (only applicable if previous examination was not passed successfully)

Full Name: \_\_\_\_\_ Exam Date: \_\_\_\_\_ Exam Location: \_\_\_\_\_

I would like to take my exam in the following manner:  Online (using my own laptop)  Using paper and pencil

1. I have taken a forty-hour course approved by the Statewide Public Guardianship Office. (Required)  
 Yes  No      SPGO Course #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ Date: \_\_\_\_\_

2. Are you currently a CGC Registered or Master Guardian?  Yes  No

3. Have you previously taken the Florida competency examination?  Yes  No

4. Business Name: \_\_\_\_\_

5. Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Check # \_\_\_\_\_ for \$ \_\_\_\_\_ is enclosed.

***Please make check payable to Center for Guardianship Certification***

Visa       MasterCard       Discover

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Three-Digit Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

**Return Application with Applicable Fees to:**

Center for Guardianship Certification  
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 Harrisburg, PA 17110  
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**APPLICATION DEADLINE IS 30 BUSINESS DAYS PRIOR TO EXAM DATE**

6. Have you ever been convicted or pled guilty or no contest to a felony?  Yes  No  
If yes, please submit a letter indicating the offense along with the name and location of the court before which you appeared and the disposition of the case.

7. Have you ever been found civilly or criminally liable for an action of fraud, moral turpitude misrepresentation, material omission, misappropriation, theft, or conversion?  Yes  No  
If yes, please submit a letter of explanation, including the case number.

8. Have you ever been relieved of responsibilities as a guardian by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion?  Yes  No  
If yes, please submit a letter explaining the circumstances.

9. Are you bonded in accordance with Florida Statute 744.1085?  Yes  No  
(This is not required until after you pass the examination.)

10. Have you ever been found liable in a subrogation action by an insurance or bonding agent?  Yes  No  
If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

11. Do you have special needs requiring CGC attention?  Yes  No

**I certify that the information provided in this application is true and correct to the best of my knowledge and belief and understand and agree that I have a continuing obligation to advise the Center for Guardianship Certification if there is a change in circumstances.**

(Must be signed before a Notary Public)

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

State of Florida, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 2008,

by \_\_\_\_\_ who is personally known to me or who has produced

\_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
*Notary Public*

## Registered Guardian Declaration and Agreement

I affirm that I have carefully read and voluntarily agree to be bound by the Terms and Conditions of Certification listed below. Furthermore, I declare under penalty of perjury that the representations contained in this Declaration are true and complete.

\_\_\_\_\_  
*Candidate Name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Telephone Number*

\_\_\_\_\_  
*Address*

Upon certification, the applicant and the CGC Board will be bound by the terms and conditions contained in this document.

I understand that permission to use CGC's certification mark "Registered Guardian" is valid for a period of two years. At the end of such period, if the certification is not renewed with CGC, the certification expires and any right to use the marks will terminate. If I fail to comply with requirements to renew my certification through CGC, I agree to cease use of the marks immediately. I understand that the CGC Board may relinquish any rights I may have in the use of its marks if I fail to maintain a current certification status.

I have read and understand the NGA Model Code of Ethics, as well as the CGC Rules and Regulations Regarding Certification and Re-Certification of Registered Guardians. I agree to adhere to the provisions of those documents as they presently exist and as they may be amended from time to time.

I further understand and agree that the CGC Board has the absolute and unrestricted right to revoke any rights I may have to use its marks Registered Guardian if it finds that I have failed to comply with the NGA Model Code of Ethics and the CGC Rules and Regulations Regarding Certification and Re-Certification of Registered Guardians.

In consideration of the certification granted hereby, I further agree that neither the CGC Board nor its directors, officers, employees and others acting on its behalf shall be liable to me for any actions taken or omitted to be taken in any official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I hereby release the CGC Board and the other persons identified above from any liability for such actions or omissions.

CGC will take every precaution to ensure the exam is secure from the testing location to the CGC offices. CGC utilizes courier or overnight services to send the exams and, due to this process, an exam may be lost or destroyed prior to grading. In the unlikely event this occurs, it will be the responsibility of the candidate to retake the exam at no additional fee.

I affirm that I have read carefully and understand the items set forth in this statement, including the release of liability and the items described herein. I further affirm that my statements are true and complete to the best of my knowledge and freely given.

\_\_\_\_\_  
*Candidate*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing Declaration and Agreement was acknowledged before me this \_\_\_\_\_ day \_\_\_\_\_ of, 20\_\_ by \_\_\_\_\_, who is personally known to me or has produced appropriate identification.

\_\_\_\_\_  
*Notary Public*

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[www.guardianshipcert.org](http://www.guardianshipcert.org)

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