



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:

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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 _____, 2006,

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 the certification marks Registered Guardian is valid for a period of two years. At the end of such period, if the certification is not renewed, the certification expires and any right to use the marks will terminate. If I fail to comply with requirements to renew my certification, 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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