



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

**APPLICATION FOR CERTIFICATION FOR CA PROFESSIONAL FIDUCIARY  
AND NATIONAL CERTIFIED GUARDIAN EXAMINATION**

\$250.00 Examination Fee (\$150.00 for current National Certified Guardians)

\$100.00 Retest Fee (Mark which exam(s) you must re-take)

NCG National Portion     California State Portion     NCG and California Portions

1. Full Name: \_\_\_\_\_  
*(as you wish it to appear on your certificate)*
2. Exam Eligibility Number from the Professional Fiduciaries Bureau \_\_\_\_\_
3. Are you currently a CGC National Certified Guardian? (not required)     Yes     No
4. Business/Firm Name: \_\_\_\_\_
5. Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
6. Work Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
7. Home Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Check # \_\_\_\_\_ for     \$250.00     \$150.00     \$100.00    is enclosed.

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

MasterCard/Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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

8. Have you ever been convicted or pled guilty or no contest to a felony?  Yes  No

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9. Have you ever been found civilly 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.

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10. Have you ever been relieved of responsibilities as a guardian, conservator or fiduciary 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.

11. Are you bonded in accordance with state statutes and local practice?  Yes  No  
If no, please explain.

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

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13. 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.**

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*Signature*

**Return Application with Applicable Fee to:**  
***Center for Guardianship Certification***  
P.O. Box 5704  
Harrisburg, PA 17110  
(717) 238-4689 Phone ♦ (717) 238-9985 Fax  
certification@guardianshipcert.org

## National Certified 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.

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*Candidate Name*

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*Date*

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*Telephone Number*

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*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 National Certified 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 National Certified 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 National Certified 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 National Certified 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.

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*Candidate*

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*Signature*

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*Date*

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Revised: 2/5/09