



**FLORIDA COMPETENCY APPLICATION
PROCESS
Revised February 23, 2010**



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.

Signature of Applicant _____
Date

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.

Candidate Name _____
Date _____
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 designation "National Certified 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 designation will terminate. If I fail to comply with requirements to renew my certification through CGC, I agree to cease use of the designation immediately. I understand that the CGC Board may relinquish any rights I may have in the use of its designation 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 designation 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.

Candidate _____
Signature _____
Date

Center for Guardianship Certification
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717-238-4689 ♦ 717-238-9985 (fax)
www.guardianshipcert.org