



**APPLICATION FOR OREGON CERTIFICATION AND  
NATIONAL CERTIFIED GUARDIAN CERTIFICATION**

\$250 application and exam fee for Oregon Certification and National NCG Certification  
\$175 application and exam fee for Oregon Certification (only if applicant already possesses NCG Certification)  
(\$100 Re-testing fee)

1. Full Name: \_\_\_\_\_  
(as you wish it to appear on your certificate)

Exam Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exam location: \_\_\_\_\_

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

2. Business/Firm Name: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

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

4. Work Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

5. Home Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Please make check payable to Center for Guardianship Certification for CGC National Certified Guardian Exam.**

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

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

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

**Return Application with Appropriate Fees to:  
Center for Guardianship Certification**

PO Box 5704

Harrisburg, PA 17110

(717) 238-4689 Phone ♦ (717) 238-9985 Fax

**APPLICATION DEADLINE IS 60 BUSINESS DAYS PRIOR TO SCHEDULED EXAM DATE!**

**Center for Guardianship Certification  
PO Box 5704, Harrisburg, PA 17110  
717-238-4689 ♦ 717-238-9985 (fax)  
www.guardianshipcert.org**

Revised: 8/26/09

## OCPF Qualifications

The applicant for the **Oregon Certified Professional Fiduciary** Certification must meet all of the following requirements, except as otherwise provided by state certification law:

The applicant for the National Certified Guardian Certification must meet all of the following requirements, except as otherwise provided by state certification law:

1. Must attest that he/she has not been convicted or plead guilty or no contest to a felony.
2. Must attest that he/she has not been found civilly or criminally liable for an action of fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion.
3. Must attest that he/she has not been relieved of responsibilities as a guardian or conservator by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion.
4. Must attest that he/she has not been found liable in a subrogation action by an insurance or bonding agent.
5. Must attest that he/she is bonded in accordance with state statutes and local practice.
6. Must attest that he/she has reviewed and understands the Oregon Revised Statutes (ORS), the GCA of Oregon Standards of Practice, The NGA Standards of Practice, and NGA Code of Ethics.
7. All applicants shall meet one of the following two requirements. Please mark the requirement you meet:
  - A. BA/BS degree from an accredited educational institution:
    - (1) a minimum of 1 year experience practicing as a **fiduciary\*** or court-appointed named trustee with 2 or more clients unrelated to you or
    - (2) have a minimum of 1 year experience as the person primarily responsible for fiduciary duties under the direction of an Oregon Certified Professional Fiduciary.
  - B. AA degree from an accredited educational institution:
    - (1) 3 years of relevant experience in the field of legal, health, social, or financial services including a minimum of 1 year experience practicing as a **fiduciary\*** or court-appointed named trustee with 2 or more clients unrelated to you or
    - (2) have a minimum of 1 year experience as the person primarily responsible for fiduciary duties under the direction of an Oregon Certified Professional Fiduciary.

**\*ORS 125.005 (2) "Fiduciary" means a guardian or conservator appointed under the provision of this chapter or any other person appointed by a court to assume duties with respect to a protected person under the provisions of this chapter.**

8. All applicants shall have 32 hours of education/training, in the last two years, with at least 3 hours in each of the following areas of legal, ethics, health/medical, social and financial services. As part of the 32 hours needed for Oregon Certification, mandatory attendance is required at a 6 hour guardianship/conservatorship training sponsored by the Guardian/Conservator Association of Oregon, the National Guardianship Association or the Oregon Law Institute. All other credits need to be provided by **an accredited educational institution or accredited professional organization/association**, including but not limited to: the Guardian/Conservator Association of Oregon, the National Guardianship Association, the Oregon State Bar, the Oregon Law Institute, the National Association of Social Workers, the Oregon Gerontological Association, the Certified Financial Planner Board of Standards, the Oregon Board of Registered Nursing, the Oregon Board of Psychology, the Oregon Department of Health and Human Services, the American Society of Aging, the National College of Probate Judges, and the National Elder Law Foundation. **Please attach a listing of proof of completion (CEU certificates, signed by sponsors) is required.**

9. Must be at least 21 years of age.

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10. List your experience providing guardianship or other alternative protective services of person or estate for the last two years, beginning with the most recent.

<i>Employer Name/Address</i>	<i>Position</i>	<i>Start and end dates</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

12. 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.

13. Have you ever been relieved of responsibilities as a guardian or conservator by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, theft, or conversion?

If yes, please submit a letter explaining the circumstances.  Yes  No

14. Are you bonded in accordance with state statutes and local practice?  Yes  No

If no, please explain. (Please refer to your local state courts)

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15. Have you ever been found liable in a subrogation action by an insurance or bonding agent?  Yes  No

If yes, please explain. \_\_\_\_\_

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



## 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 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 have also read and understand the Oregon Statutes and Standards of Practice. I agree to adhere to the provisions of these 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.

\_\_\_\_\_  
*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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