



## CA Professional Fiduciary Licensing Exam How to Apply

The following document is intended to outline the steps one must take to apply for the California Professional Fiduciary Licensing Exam. We hope you will find this document useful.

1. To take the exam, the candidate must first get approval from the Professional Fiduciary Bureau. To do so, download the licensing application package found on the Bureau website at [www.fiduciary.ca.gov](http://www.fiduciary.ca.gov) or contact the Bureau directly at (916) 574-7340.
2. The candidate must submit a complete licensing application package to the Bureau by mail to be approved to sit for the exam.
3. Once approved to take the exam, the Bureau will notify the candidate that they are eligible for a period of twelve (12) months to take and pass the exam.
4. Upon notification of eligibility by the Bureau, the candidate must contact the Center for Guardianship Certification (CGC) by visiting the website at [www.guardianshipcert.org](http://www.guardianshipcert.org) to apply for the exam.
5. The candidate will download the exam application found on the CGC website and submit the original form, along with payment of \$250 by check or credit card, to CGC.
6. Once CGC has received the exam application and payment, the candidate will receive a "CA Professional Fiduciaries Licensing Examination, Candidate Information Bulletin (CIB)" from the testing center outlining the exam process.
7. As noted in the CIB, the candidate is responsible for working directly with the testing centers in scheduling the time and location to sit for the exam and any re-exam. The candidate must remit a \$33 fee to the exam site each time they sit for the exam.
8. The exam consists of two parts, one part that is national in scope and one part that is specific to California law. To pass the exam an eligible candidate shall receive passing scores on both parts. The candidate will be given five times within the 12-month eligibility period to pass the exam not to exceed one re-exam attempt every thirty (30) days within the eligibility period.
9. After taking the exam, CGC will notify the candidate of their pass or fail status on both sections of the exam on the CGC website and via e-mail or hard copy letter.

10. If the candidate passes the national portion, CGC will issue a National Certified Guardian Certificate.
11. If the candidate fails either or both parts of the exam, they must retake only the failed portion(s). Until such time as both parts are passed, the candidate will not be approved for licensure. To retake the exam, the candidate must complete another CGC exam application and remit the appropriate fee.
12. If the candidate passes both parts of the exam and has fulfilled all the requirements for licensing, the Bureau will notify the candidate that they are approved for licensure, upon receipt of the licensing fee, the Bureau will issue the candidate a license certificate as a professional fiduciary.

*If you need special accommodations in order to take the exam, please complete the Special Accommodations Form located on the homepage of the CGC website at [www.guardianshipcert.org](http://www.guardianshipcert.org)*



**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/Discover #: \_\_\_\_\_ 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.

\_\_\_\_\_  
*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 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.

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

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

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

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