

# Professional Guardian Registration Form

To ensure a timely process, this form must be filled out completely. This process may take up to 30 business days.

This registration package is:  
(Please Check One Box)

New  Annual  Amended

**NOTE:** If amending, only complete Sections A, F, and Applicant Statement.

Type:  
(Please Check One Box)

Individual  Corporate

## SECTION A:

### PROFESSIONAL GUARDIAN INFORMATION

Reg. #: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address (cannot be a P.O. box): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business/Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No.<sup>1</sup>: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate/Fictitious Name<sup>2</sup>: \_\_\_\_\_ EIN: \_\_\_\_\_

Please indicate all counties of practice: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

## SECTION B:

### FINGERPRINTING/BACKGROUND CHECK AND CREDIT REPORTING

#### Documents

#### Please check one

FBI<sup>3</sup>  On file with OPPG/obtained within last 5 years

FDLE<sup>3</sup>  On file with OPPG/obtained within last 5 years

Credit<sup>1</sup>  On file with OPPG/obtained within last 5 years

Completed electronically

Completed electronically

Completed electronically

## SECTION C:

### EDUCATION

#### C1 40-Hour Professional Guardian Course

Name of Course and Date Completed: \_\_\_\_\_

Certificate of Completion Attached (please check one)  Yes  On File

#### C2 Continuing Education Credits

- Thirty (30) OPPG approved continuing education credits must be completed no later than December 31 of the second calendar year after your initial 40-hour educational requirement is met, and every two years thereafter (e.g., if you met the 40-hour educational requirement on July 1, 2023, thirty (30) OPPG approved continuing education credits must be completed no later than December 31, 2025).

- Include documentation proving completion of missing continuing education credits identified in Guardian Registration Reminder.

**SECTION D:**

**EXAMINATION (Please check one)**

Date of Examination: \_\_\_\_\_  Passed  OPPG waived my exam on \_\_\_\_\_ (date of waiver)

**SECTION E:**

**BLANKET FIDUCIARY or SURETY BOND**

Name of Bonding Company: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Bond Anniversary Date: \_\_\_\_\_

**For Professional Guardians:** Bonds must be payable to "The Governor of the State of Florida and his or her successors in office and conditioned on the faithful performance of all duties by the guardian" per section 744.2003(2), Florida Statutes. Proof of renewal (Bond of Continuation Certificate) is required for annual registrants. All registrants must attach a copy of the bond. Attorney exemption<sup>4</sup>.

**For Public Guardians:** Bonds must be payable to "the Governor and the Governor's successors in office, in the penal sum of not less than \$5,000 nor more than \$25,000, conditioned on the faithful performance of all duties by the guardian" per section 744.2102, Florida Statutes. Proof of renewal (Bond of Continuation Certificate) is required for annual registrants. All registrants must attach a copy of the bond. Attorney exemption<sup>4</sup>.

**SECTION F:**

**STAFFING**

**F1** How many employees do you currently have? \_\_\_\_\_

**F2** How many fiduciary employees do you currently have? \_\_\_\_\_

**F3** Please list each professional guardian employed (attach additional sheets if necessary)

\_\_\_\_\_  
 \_\_\_\_\_

**For each professional guardian listed above, submit a Professional Guardian Staff Registration Form (DOEA/OPPG Form 002). All forms must be submitted together; do not submit this form without all professional guardian employees' forms.**

**F4** Other staff<sup>5</sup> with fiduciary responsibilities (If additional space is needed, please use page number 5 of this form)

Please complete the section(s) below for each employee, other than the professional guardians, that have fiduciary responsibility to wards. Fiduciary responsibility is defined in the Florida Administrative Code, Rule 58M-2.001.

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No.<sup>1</sup>: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Documents Please check one**

FBI <sup>3</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically
FDLE <sup>3</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically
Credit <sup>1</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_ DOB: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 Social Security No.<sup>1</sup>: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Documents Please check one**

FBI <sup>3</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 5 years	<input type="checkbox"/>	Completed electronically
FDLE <sup>3</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 5 years	<input type="checkbox"/>	Completed electronically
Credit <sup>1</sup>	<input type="checkbox"/>	On file with OPPG/obtained within last 5 years	<input type="checkbox"/>	Completed electronically

**SECTION G:**

**WARD INFORMATION**

*NOTE: This section may be left blank if ward information has already been provided to OPPG by contract.*

**G1** How many open Guardianship cases do you have? \_\_\_\_\_  
 How many restorations of rights have you had in the last 12 months? \_\_\_\_\_

**G2** Ward List

*Please answer the following questions for each open guardianship case. Please use page 6 for additional wards*

Case Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
 Ward Last Name: \_\_\_\_\_ Ward First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Facility Name, if Applicable: \_\_\_\_\_  
 Type of Guardianship:  Plenary OR Limited;  Person  Property  Other: \_\_\_\_\_  
 Did your Ward have advance directives in place prior to the guardianship? Yes  No   
 Is the Ward actively objecting to the guardianship? Yes  No   
 Serving Pro Bono? Yes  No  , Identify sources of payment other than the funds of the ward: \_\_\_\_\_  
 Ward visited quarterly? Yes  No  , Date of last visit: \_\_\_\_\_  
 Applicable initial and annual court documents timely filed? Yes  No  If no, explain attaching an additional page.  
 Value of Ward's Assets on Initial Inventory? \$ \_\_\_\_\_  
 Value of Ward's Assets as of Last Annual Accounting? \$ \_\_\_\_\_  
 Was your business, a family member or a family member's business hired to provide services for this ward? Yes  No   
 If yes, identify business(es): \_\_\_\_\_  
 Has any of the Ward's real property been sold in the last 12 months? Yes  No   
 If yes, provide the information for each sale below (additional pages can be submitted, if needed)  
 Address: \_\_\_\_\_  
 Listed on Multiple Listing Services ? Yes  No  Was the listing advertised to the public? Yes  No   
 Asking/Listed Price: \$ \_\_\_\_\_  Certified Appraisal  Comparable Analysis  None  
 Listed Date: \_\_\_\_\_ Sale Price : \$ \_\_\_\_\_  
 Sale Date: \_\_\_\_\_  
 Name of Broker or Realtor: \_\_\_\_\_  
 Name of Purchaser \_\_\_\_\_

**SECTION H:**

**FEES**

**H1** Registration Fees

- a. Number of professional guardians registering \_\_\_\_\_
- b. Registration Fee \_\_\_\_\_ x \$35.00
- c. Total Registration Fees (multiply lines a and b) = \$ \_\_\_\_\_

**H2 Payment Method**

Registration payment can be made by mail or electronically. Please check the box below for how your payment will be submitted.

**Payment by Mail:**

- Check, money order, or cashier’s check made payable to the Office of Public and Professional Guardians and addressed to Department of Elder Affairs, Office of Public and Professional Guardians, 4040 Esplanade Way, Tallahassee, Florida 32399-7000.

**Payment Electronically:**

- OPPG will send a payment link via email upon determining all Registration Form(s) and required documents have been submitted.
- Please provide email address for link: \_\_\_\_\_

**APPLICANT STATEMENT:** I agree to submit all additional requirements with application for guardian registration as required. Failure to do so may delay or cause the registration to be denied.

\_\_\_\_\_ I have read Florida’s Laws relating to guardianship, specifically, Chapter 744, Florida Statutes, and Chapter 58M-2, Florida Administrative Code.  
Initials

\_\_\_\_\_ I will keep my registration information updated with OPPG as to any changes with contact information, employees with fiduciary responsibilities, or counties of practice/serving.  
Initials

\_\_\_\_\_ I attest that I am able to perform the functions of a professional guardian with reasonable skill. Refer to section 744.20041(1)(p), Florida Statutes.  
Initials

\_\_\_\_\_ I agree to notify OPPG, in writing, within 30 days after being convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.  
Initials

\_\_\_\_\_ Under penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of my knowledge and belief.  
Initials

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please submit this form and required documents to: **Office of Public and Professional Guardians, Department of Elder Affairs, 4040 Esplanade Way, Suite 280, Tallahassee, Florida 32399-7000** or via email to [oppgregistration@elderaffairs.org](mailto:oppgregistration@elderaffairs.org).

<sup>1</sup>The collection of social security numbers for record keeping is mandatory pursuant to sections 744.2002(3)(a)1. and 744.2002(4), F.S., and is not available to the general public.  
<sup>2</sup>Corporations and Fictitious names must be active.  
<sup>3</sup>Fingerprinting for "Professional Guardian" generates a combined FBI/FDLE (Level II) report.  
<sup>4</sup>Attorneys must submit a "Good Standing Letter" for exemption from continuing education credits and bond requirement.  
<sup>5</sup>Professional Staff to include interns or other employees with fiduciary responsibilities.

## Additional Staff with Fiduciary Responsibilities

(Section F continued)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \*Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Documents      Please check one**

FBI	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically
FDLE	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically
Credit	<input type="checkbox"/>	On file with OPPG/obtained within last 2 years	<input type="checkbox"/>	Completed electronically

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 \*Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Documents      Please check one**

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Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_ DOB: \_\_\_\_\_  
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## Additional Ward Information

(Section G continued)

Case Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Ward Last Name: \_\_\_\_\_ Ward First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Facility Name, if Applicable: \_\_\_\_\_  
Type of Guardianship:  Plenary OR Limited;  Person  Property  Other: \_\_\_\_\_  
Did your Ward have advance directives in place prior to the guardianship? Yes  No   
Is the Ward actively objecting to the guardianship? Yes  No   
Serving Pro Bono? Yes  No  , Identify sources of payment other than the funds of the ward: \_\_\_\_\_  
Ward visited quarterly? Yes  No  , Date of last visit: \_\_\_\_\_  
Applicable initial and annual court documents timely filed? Yes  No  If no, explain attaching an additional page.  
Value of Ward's Assets on Initial Inventory? \$ \_\_\_\_\_  
Value of Ward's Assets as of Last Annual Accounting? \$ \_\_\_\_\_  
Was your business, a family member or a family member's business hired to provide services for this ward? Yes  No   
If yes, identify business(es): \_\_\_\_\_  
Has any of the Ward's real property been sold in the last 12 months? Yes  No   
If yes, provide the information for each sale below (additional pages can be submitted, if needed)  
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Listed on Multiple Listing Services ? Yes  No  Was the listing advertised to the public? Yes  No   
Asking/Listed Price: \$ \_\_\_\_\_  Certified Appraisal  Comparable Analysis  None  
Listed Date: \_\_\_\_\_ Sale Price : \$ \_\_\_\_\_  
Sale Date: \_\_\_\_\_  
Name of Broker or Realtor: \_\_\_\_\_  
Name of Purchaser \_\_\_\_\_  
Recorded Deed's Book and Page Number OR Instrument Number, if known: \_\_\_\_\_

Case Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Ward Last Name: \_\_\_\_\_ Ward First Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Facility Name, if Applicable: \_\_\_\_\_  
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Name of Broker or Realtor: \_\_\_\_\_  
Name of Purchaser \_\_\_\_\_  
Recorded Deed's Book and Page Number OR Instrument Number, if known: \_\_\_\_\_