OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS
ProfessionalGuardian RegistrationForm

This registration package is: ☐ New ☐ Annual ☐ Amended (Please check one)

SECTION A. PROFESSIONAL GUARDIAN INFORMATION

Mr._ Ms._ Last Name:_____First:_____MI:_____DOB:_____

Business Address: _____

City:_____State:_____Zip:_____E-Mail:_____

*Social Security No.:_____ Phone:_____Fax:_____

Corporate Name (if applicable):_____EIN:_____

Please indicate which counties you practice _____

SECTION B. CREDIT AND CRIMINAL HISTORY

Documents Please check one

FBI	☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically
FDLE	☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically
Credit	☐ Clerk to send ☐ On file with OPPG/obtained within last 2 years ☐ Attached

Fingerprinting for "Professional Guardian" generates a combined FBI/FDLE (Level II) report.

SECTION C. EDUCATION

C1. **40-Hour Professional Guardian Course** **Certificate of Completion Attached (please check one)**

Name of Course and Date Completed:_____ ☐ Yes ☐ On file

C2. **Continuing Education Credits**

30 OPPG approved continuing education credits are required every two-calendar years after completion of the 40-hour course. Please refer to the chart examples below:

Year of 40-hour Professional Guardian Course completion	Two-year reporting periods
Course completed in 1999 or earlier	2006-2007 (due 2008) 2008-2009 (due 2010)
Course completed in 2000, 2002, 2004	2007-2008 (due 2009) 2009-2010 (due 2011)
Course completed in 2001, 2003, 2005	2006-2007 (due 2008) 2008-2009 (due 2010)
Course completed in 2006	2007-2008 (due 2009) 2009-2010 (due 2011)
Course completed in 2007	2008-2009 (due 2010) 2010-2011 (due 2012)
Course completed in 2008	2009-2010 (due 2011) 2011-2012 (due 2013)
Course completed in 2009	2010-2011 (due 2012) 2012-2013 (due 2014)
Course completed in 2010	2011-2012 (due 2013) 2013-2014 (due 2015)
Course completed in 2011	2012-2013 (due 2014) 2014-2015 (due 2016)
Course completed in 2012	2013-2014 (due 2015) 2015-2016 (due 2017)
Course completed in 2013	2014-2015 (due 2016) 2016-2017 (due 2018)
Course completed in 2014	2015-2016 (due 2017) 2017-2018 (due 2019)

C3. Continuing Education Courses   Date Completed   # of Credits _____

_____
_____
_____

SECTION D.   EXAMINATION (Please check one)

Date of Examination:_____ ☐ Passed ☐ OPPG waived my exam on_____(date of waiver)

SECTION E.   BLANKET FIDUCIARY BOND

Name of Bonding Company: _____

Amount: $_____ Bond Anniversary Date: _____

Bonds must be payable to the Governor and his or her successors in office. Proof of renewal is required for annual registrants. First time registrants must attach a copy of your bond.

SECTION F.   STAFFING

F1. Please list each professional guardian employed (attach additional sheets if necessary).

_____   _____
_____

_____   _____

_____   _____

_____   _____

* For each professional guardian listed above, you must submit a professional guardian employee registration form (DOEA/OPPG Form 002). All forms must be submitted together; do not submit your form without all your professional guardian employees' forms.

F2. Other employees with fiduciary responsibilities

Please complete the section(s) below for each employee, other than professional guardians, that has fiduciary responsibility to wards. Fiduciary responsibility is defined as having a position of trust.

Last Name:_____First:_____MI:_____DOB:_____
Business   Address: __
_____City:
_____State:_____Zip:_____E-Mail:_____
*Social Security No.:_____Phone:_____Fax:_____

Documents   Date Submitted   Please check one

FBI   _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

FDLE   _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

Credit   _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 2 years

Last Name:_____First:_____MI:_____DOB:_____
Business Address: _____
City:_____State:_____Zip:_____E-Mail:_____
*Social Security No.:_____Phone:_____Fax:_____

Documents Date Submitted Please check one

FBI _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

FDLE _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

Credit _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 2 years

Last Name:_____ First:_____ MI:_____ DOB:_____

Business Address: _____

City:_____ State:_____ Zip:_____ E-Mail: _____

*Social Security No.:_____ Phone:_____ Fax: _____

Documents Date Submitted Please check one

FBI _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

FDLE _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

Credit _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 2 years

Last Name:_____ First:_____ MI:_____ DOB:_____

Business Address: _____

City:_____ State:_____ Zip:_____ E-Mail: _____

*Social Security No.:_____ Phone:_____ Fax: _____

Documents Date Submitted Please check one

FBI _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

FDLE _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 5 years ☐ Completed electronically

Credit _____ ☐ Clerk to send ☐ On file with OPPG/obtained within last 2 years

Fingerprinting for "Professional Guardian" generates a combined FBI/FDLE (Level II) report.

SECTION G.   FEES

G1. Registration Fees

a. Number of professional guardians registering _____

b. Registration Fee $35.00

c. Total Registration Fees (multiply lines a and b) $_____

G2. Expedited Processing Fees (optional)

Registrations are processed within 30 days of receipt. If you opt for expedited processing, please choose one of the following in addition to standard Registration Fee:

a. ☐ For expedited processing within 14 days $45.00

b. ☐ For expedited processing within 7 days $55.00

c. ☐ For expedited processing within 48 hours $65.00

d. Number of professional guardians registering _____

e. Total Processing Fees (multiply line a, b, or c by line d) $_____

G3. Total Fees Due

a. Total Registration Fees from G1 $_____

b. Total Expedited Processing Fees from G2 (if applicable) $_____

c. Total Fees Due (Add lines a and b) $_____

Please enclose a check for this amount made payable to the Office of Public and Professional Guardians.

APPLICANT STATEMENT: I declare that my answers and all statements made by me herein are true and correct.

APPLICANT SIGNATURE:_____ **DATE:**_____

Please submit this form along with all fees to: Office of Public and Professional Guardians, Department of Elder Affairs, 4040 Esplanade Way, Tallahassee, FL 32399-7000.

For Office Use Only Reg. Period:_____Registration #:_____Check #:_____Check Amount:_____			
Credit Results Date: _____	FBI Results Date: _____	FDLE Results Date: _____	Exam/Waiver Date: _____
Status: _____	Status: _____	Status: _____	Status: _____
Reviewer Initials: _____	Reviewer Initials: _____	Reviewer Initials: _____	Reviewer Initials: _____
Date Reviewed: _____	Date Reviewed: _____	Date Reviewed: _____	Date Reviewed: _____

Bond Expiration Date: _____	CEU Due Date: _____
Status: _____	Status: _____
Reviewer Initials: _____	Reviewer Initials: _____
Date Reviewed: _____	Date Reviewed: _____
	Date Entered into CE Broker: _____

The collection of social security numbers for record keeping is mandatory pursuant to Section 744.2002, F.S., and will not be available to the general public.