

STATEWIDE PUBLIC GUARDIANSHIP OFFICE
Professional Guardian Employee Registration Form

This Professional Guardian Employee Form shall be included in the Professional Guardian file of: _____

SECTION A. PROFESSIONAL GUARDIAN EMPLOYEE INFORMATION

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	<input type="checkbox"/> Clerk to send	<input type="checkbox"/> On file with SPGO/obtained within last 5 years	<input type="checkbox"/> Completed electronically
FDLE	<input type="checkbox"/> Clerk to send	<input type="checkbox"/> On file with SPGO/obtained within last 2 years	<input type="checkbox"/> Completed electronically
Credit	<input type="checkbox"/> Clerk to send	<input type="checkbox"/> On file with SPGO/obtained within last 2 years	

FBI is required every five years unless you were fingerprinted electronically and FDLE is retaining your prints.

FDLE is required every two years unless you were fingerprinted electronically and FDLE is retaining your prints.

Credit histories are required every two years.

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

16 SPGO approved continuing education credits are required every two-calendar years after completion of the 40-hour course. Please refer to the chart 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	2005-2006 (due 2007) 2007-2008 (due 2009)
Course completed in 2001	2006-2007 (due 2008) 2008-2009 (due 2010)
Course completed in 2002	2005-2006 (due 2007) 2007-2008 (due 2009)
Course completed in 2003	2006-2007 (due 2008) 2008-2009 (due 2010)
Course completed in 2004	2005 -2006(due 2007) 2007-2008 (due 2009)
Course completed in 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)

C3. Continuing Education Courses **Date Completed** **# of Credits**

Attach additional sheets if necessary . Certificate of completion should be attached for each course you list.

SECTION D.**EXAMINATION (Please check one)**Date of Examination: _____ Passed SPGO waived my exam on _____ (date of waiver)**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: Statewide Public Guardianship Office, 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: _____	

**The collection of social security numbers for record keeping is mandatory pursuant to Section 744.1083, F.S., and will not be available to the general public.*

This form must be submitted with your employer's DOEA/SPGO Form 001 March 2008