

# STATEWIDE PUBLIC GUARDIANSHIP OFFICE

## Professional Guardian Registration Form

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

### SECTION A. PROFESSIONAL GUARDIAN 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)

**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/SPGO 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 a 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 SPGO/obtained within last 5 years  Completed electronically

FDLE \_\_\_\_\_  Clerk to send  On file with SPGO/obtained within last 2 years  Completed electronically

Credit \_\_\_\_\_  Clerk to send  On file with SPGO/obtained within last 2 years

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

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

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

\*Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

\*Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

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

\*Social Security No.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**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:

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 Statewide Public Guardianship Office

**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.*