OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS Professional Guardian Registration Form					
This registration package is:	Annual Amended (Please check one)				
SECTION A. PROFESSIONAL GUARDIAN INFOR					
Mr Ms Last Name:First:	MI:DOB:				
Business Address:					
City:State:Zip:	E-Mail:				
*Social Security No.:					
Corporate Name (if applicable):					
Please indicate which counties you practice					
SECTION B. CREDIT AND CRIMINAL HISTO	RY				
Documents Please check one					
FBI Clerk to send On file with OPP	G/obtained within last 5 years Completed electronically				
FDLE Clerk to send On file with OPP	G/obtained within last 5 years 🔲 Completed electronically				
Credit Clerk to send On file with OPPO	G/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:					
C2. Continuing Education Credits					
16 OPPG approved continuing education credits are rea hour course. Please refer to the chart examples below:	quired every two-calendar years after completion of the 40-				
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)				

	Date	Completed	# of Credits
SECTION D. EXAMINATION	(Please check one)		
Date of Examination:		ived my exam on	(date of waiver)
SECTION E. BLANKET F	IDUCIARY BOND		
Name of Bonding Company:			
Amount: \$ B Bonds must be payable to the Gove annual registrants. First time registra	rnor and his or her succes	ssors in office. Proof	of renewal is required for
SECTION F. ST.	AFFING		
F1. Please list each professional gua	ardian employed (attach	additional sheets if	necessarv).
* For each professional guardian list registration form (DOEA/OPPG For without all your professional guardia	m 002). All forms must be	nit a professional gu e submitted togethe	ardian employee r; do not submit your form
F2. Other employees with fiduciary	responsibilities		
F2. Other employees with fiduciary Please complete the section(s) belo fiduciary responsibility to wards. Fid	w for each employee, oth	er than professiona efined as having a p	guardians, that has position of trust.
Please complete the section(s) belo	w for each employee, oth duciary responsibility is d	efined as having a p	osition of trust.
Please complete the section(s) belo fiduciary responsibility to wards. Fig	w for each employee, oth duciary responsibility is d First:	efined as having a p MI	oosition of trust. :DOB: Address:
Please complete the section(s) belo fiduciary responsibility to wards. Fic Last Name: Business	w for each employee, oth duciary responsibility is d First:	efined as having a p MI	oosition of trust. :DOB: Address: City:
Please complete the section(s) belo fiduciary responsibility to wards. Fic Last Name: Business	w for each employee, oth duciary responsibility is d First: :Zip:	efined as having a p MI E-Mail:	oosition of trust. DOB: Address: City:
Please complete the section(s) belo fiduciary responsibility to wards. Fic Last Name:	w for each employee, oth duciary responsibility is d First: :Zip: _Phone:	efined as having a p MI E-Mail:	oosition of trust. :DOB: Address: City:
Please complete the section(s) belo fiduciary responsibility to wards. Fid Last Name:	w for each employee, oth duciary responsibility is d First: :Zip: Phone: e check one	efined as having a p MI E-Mail:F	bosition of trust. DOB: Address: City: Fax:
Please complete the section(s) belo fiduciary responsibility to wards. Fid Last Name:	w for each employee, oth duciary responsibility is d First:	efined as having a p MI E-Mail:F F	bosition of trust. DOB: Address: City: ax:City: years Completed electronical
Please complete the section(s) belo fiduciary responsibility to wards. Fid Last Name:	w for each employee, oth duciary responsibility is d First:	efined as having a p MI E-Mail:F F	boosition of trust. DOB: Address: Address: City: Fax: Syears Completed electronical Syears Completed electronical
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Please complete the section(s) belo fiduciary responsibility to wards. Fid Last Name:	w for each employee, oth duciary responsibility is d First:	efined as having a pMI E-Mail:F G/obtained within last 5 G/obtained within last 5 MIMI	

FBI Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall FDLE Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall Credit Clerk to send On file with OPPG/obtained within last 2 years DOB: Last Name: First: MI: DOB: Business Address:	Documents	Date Submitted	Please check	cone			
Credit Clerk to send On file with OPPG/obtained within last 2 years Last Name: First: MI: DOB: Business Address:	FBI		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
Last Name:	FDLE		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
Business Address:	Credit		Clerk to send	On file with OPF	G/obtained within la	ist 2 years	
Business Address:	Last Name:			First:		_MI:	DOB:
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 electronicall FDLE Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall Credit Clerk to send On file with OPPG/obtained within last 2 years Completed electronicall Last Name: First: MI: DOB: Business Address:							
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FBI Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall FDLE Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall Credit Clerk to send On file with OPPG/obtained within last 2 years Completed electronicall Last Name: Clerk to send On file with OPPG/obtained within last 2 years Last Name: First: MI:							
FDLE Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall Credit Clerk to send On file with OPPG/obtained within last 2 years Last Name: First: MI: DOB: Business Address:	Documents	Date Submitted	Please check	cone			
Credit Clerk to send On file with OPPG/obtained within last 2 years Last Name: First: MI: DOB: Business Address:	FBI		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
Last Name:	FDLE		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
Business Address:	Credit		Clerk to send	On file with OPF	G/obtained within la	ist 2 years	
Business Address:	Last Name:			First:		_MI:	DOB:
*Social Security No.:Phone:Fax: Documents Date Submitted Please check one							
Documents Date Submitted Please check one	City:		State:	Zip:	E-Mail:		
	*Social Secur	rity No.:		Phone:		Fax:	
	Documents	Date Submitted	Please check	cone			
FBI Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall	FBI		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
FDLE Clerk to send On file with OPPG/obtained within last 5 years Completed electronicall	FDLE		Clerk to send	On file with OP	PG/obtained within	last 5 years	Completed electronically
Credit Clerk to send On file with OPPG/obtained within last 2 years	Credit		Clerk to send	On file with OPF	G/obtained within la	ist 2 years	
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SECTION G. FEES	SECTION G		FFFS				
	CECHICICO	•)	1 220				
G1. Registration Fees	G1. <u>Registr</u>	ation Fees					
a. Number of professional guardians registering	a. Numbe	er of professional	guardians regis	stering			
b. Registration Fee \$35.00					\$35	5.00	
c. Total Registration Fees (multiply lines a and b)	c. Total R	egistration Fees	(multiply lines a	and b)	<u>\$</u>		
G2. Expedited Processing Fees (optional)	G2. Expedi	<u>ted Processing F</u>	ees (optional)				
Registrations are processed within 30 days of receipt. If you opt for expedited processing, please choose one	Registrat	ions are processe	ed within 30 day	s of receipt. If you	opt for expedited	l processir	ng, please choose one
of the following in addition to standard Registration Fee:	of the fol	lowing in additior	n to standard Re	egistration Fee:			
a. 🔄 For expedited processing within 14 days \$45.00	a. 🔲 Fo	r expedited proce	essing within 14	days	\$45	5.00	
b. 🔄 For expedited processing within 7 days \$55.00			•	•	\$55	5.00	
c. For expedited processing within 48 hours \$65.00	c. 📙 Fo	r expedited proce	essing within 48	hours	\$65	5.00	
d. Number of professional guardians registering		•	•	•			
e. Total Processing Fees (multiply line a, b, or c by line d) <u>\$</u>	e. Total P	rocessing Fees (n	nultiply line a, b,	or c by line d)	<u>\$</u>		
G3. Total Fees Due	G3. Total Fe	ees Due					
a. Total Registration Fees from G1 <u>\$</u>	a Total R	edistration Fees	from G1		\$		
b. Total Expedited Processing Fees from G2 (if applicable) $\frac{1}{2}$		•		32 (if applicable)			
c. Total Fees Due (Add lines a and b)		•	-		<u> </u>		
Please enclose a check for this amount made payable to the Office of Public and Professional					$\underline{\Psi}$		
Guardians.		nclose a check fo	r this amount ma	ade navable to the	Office of Public	and Profe	ssional

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 F	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.