

**OFFICE OF PUBLIC AND PROFESSIONAL GUARDIANS**  
**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**

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

16 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)


**SECTION D. EXAMINATION (Please check one)**

Date of Examination: \_\_\_\_\_  Passed  OPPG 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: 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 744.1083, F.S., and will not be available to the general public.*

This form must be submitted with your employer's DOEA/OPPG Form 001 February 2017