

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) |

| 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)

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 Florida Statute § 744.2002, and is confidential and exempt from disclosure under the Florida Public Records law and may not be disclosed unless authorized by law. See Fla. Stat. § 119.071. Your Social Security Number is collected for the purpose of sufficiently identifying you for registration as a professional guardian including the required credit and criminal investigations (background screening).*

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