

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)

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/OPPG 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 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	_____	<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	

Last Name: _____ First: _____ MI: _____ DOB: _____

Business Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

*Social Security No.: _____ Phone: _____ Fax: _____

Documents	Date Submitted	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	

Last Name: _____ First: _____ MI: _____ DOB: _____

Business Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

*Social Security No.: _____ Phone: _____ Fax: _____

Documents	Date Submitted	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
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Last Name: _____ First: _____ MI: _____ DOB: _____

Business Address: _____

City: _____ State: _____ Zip: _____ E-Mail: _____

*Social Security No.: _____ Phone: _____ Fax: _____

Documents	Date Submitted	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	

* Fingerprinting for "Professional Guardian" generates a combined FBI/FDLE (Level II) report.

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 in addition to standard Registration Fee:

- | | |
|--|----------|
| a. <input type="checkbox"/> For expedited processing within 14 days | \$45.00 |
| b. <input type="checkbox"/> For expedited processing within 7 days | \$55.00 |
| c. <input type="checkbox"/> 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 Office of Public and Professional Guardians.

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 744.2002, F.S., and will not be available to the general public.*