



North Carolina Guardianship Association

Post Office Box 17673
Phone (919) 266-9204

Raleigh, North Carolina 27619
Fax (919) 266-9207

APPLICATION FOR CERTIFIED GUARDIAN

(must be completed and notarized)

1. Full Name: _____
(As you wish it to appear on your certificate)

2. Are you a NCGA member? Yes No

3. Business/Agency Name (if applicable): _____

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

5. Daytime Telephone Number: _____ Fax Number: _____

6. Evening Telephone Number: _____ E-mail Address: _____

7. Education: _____ Year Graduated: _____ Degree: _____

High School Graduate (or GED) Yes No

High School or Certifying Body: _____ City/State _____

College: _____ City/State _____

College: _____ City/State _____

8. List your experience providing guardianship or other alternative protective service of person or estate for the last 5 years, beginning with the most recent.

Employer Name/Address	Position	Dates begin and end
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Guardianship Education and Related Courses

Please attach a listing of the dates, courses taken, program sponsors, locations and the number of hours completed for each course.

10. Have you ever been removed for cause as guardian or fiduciary? Yes No
If yes, attach a letter of explanation.

11. Have you ever been convicted or pleaded guilty or no contest to a misdemeanor or felony? Yes No
If yes, please indicate the offense along with the name and location of the court before which you appeared and the dispositions of the case. _____

12. Have you ever been found civilly or criminally liable for an action of fraud, misrepresentation, material omission, misappropriation, theft, or conversion? Yes No
If yes, please explain. _____

13. Are you at least 21 years of age? Yes No

I certify that the information provided in this application is true and correct to the best of my knowledge and belief.
(Must be signed before a Notary Public.)

_____ Date _____ Signature of Applicant

State of _____ County of _____

The forgoing instrument was acknowledged before me this _____ day of _____
200____, by _____ who is personally known to me or who has produced
_____ as identification.

Notary Public

Return Application to:
North Carolina Guardianship Association
PO Box 17673
Raleigh, North Carolina 27619-7673
Phone 919-266-9204
Fax 919-266-9207