



# North Carolina Guardianship Association

Post Office Box 17673  
(919)782-4632

Raleigh, North Carolina 27619  
(800)662-8706 Toll Free

## APPLICATION AND INFORMATION 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: \_\_\_\_\_

7. E-mail Address: \_\_\_\_\_

8. Education: \_\_\_\_\_ Year Graduated: \_\_\_\_\_ Degree: \_\_\_\_\_

High School Graduate (or GED)    Yes            No

High School or Certifying Body: \_\_\_\_\_ City/State \_\_\_\_\_

College: \_\_\_\_\_ City/State \_\_\_\_\_

College: \_\_\_\_\_ City/State \_\_\_\_\_

9. 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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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10. 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.*

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

12. 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. \_\_\_\_\_

13. 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. \_\_\_\_\_

14. 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  
919-782-4632  
800-662-8706 toll free  
919-782-4482 fax