



North Carolina Guardianship Association

Post Office Box 17673
Phone: (919) 266-9204
Email: ncguardian@aol.com

Raleigh, North Carolina 27619
Fax: (919) 266-9207
Website: nc-guardian.org

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 member of the North Carolina Guardianship Association? Yes _____ No _____

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

4. Mailing Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

5. Daytime Telephone Number: _____ Fax Number: _____

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

7. Education:

High School Diploma (or GED) _____ Year Awarded _____

High School or Certifying Body: _____ City/State _____

College/University Degree: _____ Year Awarded _____

College/University _____ City/State _____

College/University Graduate Degree _____ Year Awarded _____

College/University _____ City/State _____

8. List your experience providing guardianship or other related work experience, beginning with the most recent:

Employer Name/Address	Position	Start and End Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List volunteer experience: _____

List experience serving family member or friend with special needs: _____

Additional comments/clarification _____

9. Guardianship Education and Related Courses *(Please attach a listing of dates, courses taken, course sponsors, locations and the number of hours completed for each course within the last two years with appropriate documentation.)*

10. Are you currently serving as a court appointed guardian? If yes, please attach a copy of your Letters of Appointment.

11. If you are a court appointed Guardian of the Estate or General Guardian, please attach documentation with the name, address and telephone number of the surety company holding your bond.

12. Have you ever been found liable in a subrogation action by an insurance or bonding agent?
Yes _____ No _____ If yes, please attach a letter of explanation.

13. Have you ever been convicted or pleaded guilty or no contest to a misdemeanor or felony? Yes ___ No ___

14. Have you ever been removed for cause as guardian or fiduciary? Yes _____ No _____

If yes, please attach a letter of explanation.

15. Have you ever been found civilly or criminally liable for an action of fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, or conversion? Yes _____ No _____

If yes, please explain. _____

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

17. Do you have special needs requiring NCGA attention? Yes _____ No _____

If yes, please explain. _____

I swear or affirm that the information provided in this application is true and correct to the best of my knowledge and belief.
(Application must be signed before a Notary Public.)

Signature of Applicant Date

State of _____ County of _____

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

Notary Public My Commission expires on _____

Return Application to:
North Carolina Guardianship Association
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Raleigh, North Carolina 27619-7673
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Fax 919-266-9207