2025 Certified Professional Guardian/Conservator Annual Recertification

GENERAL INSTRUCTIONS

- 1. Fillable Form Please Type. If you must hand write, please print clearly with blue or black ink.
- 2. Please read the instructions for each section. Read and answer each question carefully.
- 3. Mail complete packets to: Certified Professional Guardianship/Conservatorship Board PO Box 41170
 Olympia, WA 98504-1170
- 4. Check or money order must accompany recertification packet.

Forms that are illegible, incomplete or completed incorrectly will not be accepted.

Section 1 General Information. Completed *only* by Individual Certified Professional Guardian/Conservator (CPGC)

- 1. This form should be completed by individual CPGCs, *not* CPGC Agencies
- 2. An annual recertification fee must be paid by every CPGC:
 - \$350 for active CPGCs
 - \$250 for CPGCs working for a CPGC Agency
 - \$250 for CPGCs who qualify for E&O Insurance exemption (see Section 3a for insurance exemption explanation)
 - \$175 for inactive CPGCs.

Name:		CPGC #	
Mailing Address:			
City/State/Zip:			
Phone:	Email:		

Section 2 Disclosure GR 23 (e) Completed by Individual CPGC

If the answer is "Yes" to any of the following questions, please provide official documentation.

Sir	nce you last reported:	Yes	No
1.	Are you, an individual CPGC, subject to any judgements arising from your performance of Services as a fiduciary?		
2.	Are you, an individual CPGC, subject to any court findings stating that you violated your fiduciary duties, or have violated federal or any state's consumer protection act, or have violated any other statute proscribing unfair or deceptive acts or practices in the conduct of your business?		
3.	Do you, an individual CPGC, have any felony convictions?		
4.	Do you, an individual CPGC, have any criminal convictions or are you subject to any court or administrative proceeding findings relevant to the functions assumed as guardian or conservator?		
5.	Do you, an individual CPGC, have any criminal convictions or are you subject to any court or administrative proceeding findings relevant to the functions assumed as a guardian or conservator?		
6.	Have you, an individual CPGC, been involved in any type of adjudication specified in RCW 43.43.830 and RCW 43.43.842? (Laws restricting access to, and professional licensing with respect to working with, vulnerable adults and children.)		
7.	Are you, an individual CPGC, subject to any pending licensing or disciplinary actions related to your fiduciary responsibilities or any final licensing or disciplinary board actions resulting in findings of violations?		
8.	Within the last year have you, an individual CPGC, been or are you currently involved as a debtor in a bankruptcy, insolvency, or receivership proceeding?		
9.	Have you, an individual CPGC, had a guardianship bond or E&O insurance cancelled?		

Section 3a Errors & Omissions (E & O) Insurance Declaration Completed by Individual CPGC

If the answer to <u>EITHER</u> of the for Errors & Omissions (E&O) insura		lo", you are <u>REQUIRED</u> to	have	
			Yes	No
 Do you, an individual CP appointments? 	GC, have 25 or fewer guard	dianship case		
Do you, an individual CP guardianship assets under		00 total countable		
If you answered "Yes" to <u>Bo</u>	OTH questions above, you insurance.	u are exempt from havinզ	g E&O	
Individual CPGCs who are e insurance are permitted to permitted to permit have 25 or fewer guard \$500,000 total countable guards	ay lower annual certification dianship case appointments ardianship assets under ma	n renewal fees. To qualify, s at one time, and with less anagement (<u>CPGC Regula</u>	a CPG(than <u>tion 704</u>	9).
In accordance with CPGC Re	egulation 704.8, you may re	equest a waiver if you are n	ot exem Yes	npt. No
Will you submit a request	to waive the requirement fo	or E&O insurance?		
Section 3b Errors & Omissi Completed by Ir	ions (E & O) Insurance In Individual CPGC	formation		
Only those CPGCs that are REC copy of the Declaration page from packet. Errors & Omissions Insurance Car	m your E&O policy <u>must be</u>	e included with this recerti		
Errors & Offissions insurance Car	mei	Insurance Policy #		
Coverage Dates: From	To			
Limit of Insurance Liability				
Name of Insurance Agent				
Agent's Phone Number				

Section 4 Declaration Completed by Individual CPGC

	of the state of Washington that the following is correct (select one that applies):
	I am covered by the E&O insurance held by a Certified Professional Guardian and Conservator Agency. Name of Agency
	I maintain a policy of E&O insurance of at least \$500,000 as required by CPGC Regulation.704 .
	I qualify for exemption from the requirement to have E&O insurance as set forth in CPGC Regulation 704.8 .
	I do not qualify for exemption from the requirement to have E&O insurance as set forth in CPGC Regulation 704.8 , but I do intend to submit a request to waive the E&O requirement.
I declare accurate	e, under penalty of perjury, that all of the information provided in this form is e.
Signatur	e:
Date Sig	ned: Place Signed (city/state/zip):

IMPORTANT: Packets must be postmarked no later than August 1, 2024.

If any part of the packet (form, fee, E&O Declaration or supporting documents) is received after August 1, 2024, the submission is considered late.

Packets received with postmarks between August 2 and September 30 will incur a \$150 late fee. A CPGC who has not submitted a recertification packet by October 1, 2024 may be decertified. (CPGC Regulation 703.3.1)