

# **2025 Certified Professional Guardian/Conservator Agency 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.***

<b>Section 1    General Information. Completed <i>only</i> by Certified Professional Guardian/Conservator Agency (CPGCA)</b>
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1. This form should be completed by CPGC Agencies, **not** by individual CPGCs
2. An annual recertification fee must be paid by every CPGC Agency:
  - \$350 for active CPGC Agencies
  - \$250 for CPGCs working for a CPGC Agency
  - \$250 for CPGC Agencies who qualify for E&O Insurance exemption (see Section 3a for insurance exemption explanation)

Name of CPGC Agency: \_\_\_\_\_ CPGCA # \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**\*\* Note to Agencies regarding recertification\*\***

*You are encouraged to identify one designated Guardian/Conservator for the Agency who will:*

- Complete and sign the Agency recertification form.
- Collect a completed and signed recertification form from every CPGC working for the Agency.

- |   |
|---|
| <ol style="list-style-type: none"><li>1. All recertification forms and fees.</li><li>2. A copy of the Declaration page from your E&amp;O insurance.</li><li>3. Properly identified official documents explaining any "Yes" answers from Section 3.</li><li>4. Acceptance of Designation Forms</li></ol> |
|---|

**Section 1 - Continued.****Completed by Certified Professional Guardian/Conservator Agency (CPGCA)**

**Designated Guardians:** Each CPGC Agency is required to assign at least two designated guardians/conservators with final decision-making authority for individuals subject to guardianship or conservatorship served by that CPGC Agency. Please list two designated guardians/conservators below and confirm that they are covered by the CPGC Agency's E&O insurance. Each Designated guardian/conservator must have an Acceptance of Designated CPGC form on file with the Administrative Office of the Courts. For a copy of the form, [click here](#), or see attached.

Designated Guardian 1 \_\_\_\_\_ CPGC # \_\_\_\_\_ Insured? \_\_\_\_\_

Designated Guardian 2 \_\_\_\_\_ CPGC # \_\_\_\_\_ Insured? \_\_\_\_\_

***Please note: Designated CPGCs must also submit a separate individual recertification form.***

**List the names and CPGC numbers** of all Certified Professional Guardians/Conservators working at your CPGC Agency. Submit an additional sheet if needed. Please indicate whether each guardian and conservator is covered by the CPGC Agency's E&O insurance, and if they are also designated guardians (in addition to the names listed above).

	<b>Guardian/Conservator Name</b>	<b>CPGC #</b>	<b>Insured?</b>	<b>Designated?</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

***Please note: Each CPGC must also submit a separate individual recertification form.***

**List the names and titles of CPGC Agency Officers.**

**Officer Name**

**Officer Title**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List the names and CPGC numbers of all Guardians/Conservators who have left the Agency since the last reporting period, and explain why they left. Submit an additional sheet if needed.**

**Guardian/Conservator Name**

**CPGC #**

**Reason for leaving**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

<b>Section 2    Disclosure GR 23 (e)</b> <b>Completed by Certified Professional Guardian/Conservator Agency (CPGCA)</b>
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*If the answer is “Yes” to any of the following questions, please provide official documentation.*

**Since you last reported:**

**Yes    No**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Are you, a CPGC Agency, subject to any judgements arising from your performance of Services as a fiduciary?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are you, a CPGC Agency, 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you, a CPGC Agency, have any felony convictions?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you, a CPGC Agency, have any criminal convictions or are you subject to any court or administrative proceeding findings relevant to the functions assumed as guardian or conservator?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you, a CPGC Agency, 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?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you, a CPGC Agency, 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.)   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you, a CPGC Agency, 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?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Within the last year have you, a CPGC Agency, been or are you currently involved as a debtor in a bankruptcy, insolvency, or receivership proceeding?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you, a CPGC Agency, had a guardianship bond or E&O insurance cancelled?  | <input type="checkbox"/> | <input type="checkbox"/> |

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

If the answer to EITHER of the following two questions is “No”, you are **REQUIRED** to have Errors & Omissions (E&O) insurance.

Yes No

1. Do you, a CPGC Agency, have 25 or fewer guardianship case appointments?

☐ ☐

2. Do you, a CPGC Agency, have less than \$500,000 total countable guardianship assets under management?

☐ ☐

If you answered “Yes” to **BOTH** questions above, you are exempt from having E&O insurance.

*CPGC Agencies who are exempt from requirements to have Errors and Omissions (E&O) insurance are permitted to pay lower annual certification renewal fees. To qualify, a CPGC Agency must have 25 or fewer guardianship case appointments at one time, and with less than \$500,000 total countable guardianship assets under management ([CPGC Regulation 704](#)).*

In accordance with [CPGC Regulation 704.8](#), you may request a waiver if you are not exempt.

Yes No

Will you submit a request to waive the requirement for E&O insurance?

☐ ☐

**Section 3b Errors & Omissions (E & O) Insurance Information**  
**Completed by CPGC Agency**

Only those CPGC Agencies that are REQUIRED to carry E&O insurance must complete this section. A copy of the Declaration page from your E&O policy **must be included** with this recertification packet.

Errors & Omissions Insurance Carrier

Insurance Policy #

Coverage Dates: From \_\_\_\_\_ To \_\_\_\_\_

Limit of Insurance Liability

Name of Insurance Agent

Agent's Phone Number

**Section 4 Declaration**  
**Completed by CPGC Agency**

I declare as a Certified Professional Guardian/Conservator Agency, under penalty of perjury under the laws of the state of Washington that the following is correct (select one that applies):

- ☐ The Agency maintains a policy of E&O insurance of at least \$500,000 as required by [CPGC Regulation 704.](#)
- ☐ The Agency qualifies for exemption from the requirement to have E&O insurance as set forth in [CPGC Regulation 704.8.](#)
- ☐ The Agency does not qualify for exemption from the requirement to have E&O insurance as set forth in [CPGC Regulation 704.8](#), but does intend to submit a request to waive the E&O requirement.

**I declare, under penalty of perjury, that all of the information provided in this form is accurate.**

Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_ 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](#))***