



# Certified Professional Guardianship and Conservatorship Board

## Acceptance of Designated CPG

I understand that I am responsible for the actions of \_\_\_\_\_  
(Agency Name)

and any other designated CPGCs of the Agency or any employees of the agency. This includes, at a minimum, ensuring that a calendaring system is in place to facilitate the timely performance of agency duties and that the proper supervision of agency employees is provided.

***I declare under penalty of perjury under the laws of the state of Washington the foregoing information is true and correct.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
CPGC #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place signed (city, state, zip)

### Agency Affirmation

I am the \_\_\_\_\_ for \_\_\_\_\_  
(Agency Title) (Agency Name)

and affirm that the above guardian and conservator is one of the agency's designated CPGCs with final decision-making authority for incapacitated persons or their estate on behalf of the agency.

***I declare under penalty of perjury under the laws of the state of Washington the foregoing information is true and correct.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
CPGCA #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place signed (city, state, zip)