



Certified Professional Guardianship and Conservatorship Board Acceptance of Designated CPGC

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

and any other designated Certified Professional Guardians and Conservators (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)

Agency Affirmation

I am the _____ for _____
(Agency Title) (Agency Name)

and affirm that the above certified professional guardian and conservator (CPGC) 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)

(CPGC#)

(Signature)

(Place Signed: City, State)