NAME: __________________________ Date Certified: ____________

Recertification for the NCG certification requires attendance/participation in at least 20 hours of continuing education and/or guardianship training every two years. The time period for which you are tracking your CEU’s is calculated from the month that you were originally certified; not an automatic calendar year. For example, if you were certified in March 2011, please provide twenty hours from March 2011 – March 2013.

The CEU requirements for NCG recertification are available from the CGC website at www.guardianshipcert.org. Please be sure to read the CEU requirements prior to completing the information requested on this form. An electronic version of this form is available on the CGC website. Utilizing the electronic version will allow you to track your CEUs during your recertification period and submit them to CGC headquarters electronically once you have reached your required number of CEUs. This is not a requirement and you may utilize any other system you find beneficial to submit your CEUs to CGC.

If you need additional space, photocopies of this form are acceptable.

Title of program/course/work: ______________________________________________________
Sponsor: ___________________________ Location: ___________________________
Date(s): __________________________
Core Competency(s) Addressed: __________________________
________________________
Total Hours: __________________________
Title of program/course/work: ______________________________________________________
Sponsor: ___________________________ Location: ___________________________
Date(s): __________________________
Core Competency(s) Addressed: __________________________
________________________
Total Hours: __________________________
Title of program/course/work: ______________________________________________________
Sponsor: ___________________________ Location: ___________________________
Date(s): __________________________
Core Competency(s) Addressed: __________________________
________________________
Total Hours: __________________________

I certify that I have completed the above and that I can produce appropriate documentation, if requested. Signature: __________________________ Date: __________
If utilizing this form to submit your recertification request, please submit it thirty days prior to certification expiration to:

Center for Guardianship Certification Fax: (717) 238-9985 E-mail: certification@guardianshipcert.org
PO Box 5704, Harrisburg, PA 17110