

DOCUMENTATION FOR RECERTIFICATION NATIONAL MASTER GUARDIAN



NAME:	Date Certified:
Recertification for the NMG certification requires attendand/or guardianship training.	dance/participation in at least 30 hours of continuing education
·	able from the CGC website at www.guardianshipcert.org. Please
	leting the information requested on this form. An electronic
	Jtilizing the electronic version will allow you to track your CEUs
	CGC headquarters electronically once you have reached your
your CEUs to CGC.	d you may utilize any other system you find beneficial to submit
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:	· <u>·</u>
Total Hours:	
Title of program/course/work:	
Sponsor:	Location:
Date(s):	-
Core Competency(s) Addressed:	
Total Hours:	
certify that I have completed the above and that I can page 5.	Date:
If utilizing this form to submit your recertification reques Center for Guardianship Certification Fax: (717) 238-998 PO Box 5704, Harrisburg, PA 17110	st, please submit it thirty days prior to certification expiration to: 85E-mail: certification@guardianshipcert.org