



Center for Guardianship Certification
PO Box 5704
Harrisburg, PA 17110
Phone: 717-238-4689
Fax: 717-238-9985
Website: www.guardianshipcert.org



Continuing Education Unit Pre-Approval Application

(Pre-Approval allows the sponsoring organization to promote CGC CEU pre-approval for the activity below to potential attendees as well as providing a listing on the CGC website. Must be submitted at least 60 days prior to presentation)

Sponsoring Organization: _____

Address: _____

City: _____ State: ____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Title of Activity: _____

Date(s) of Activity: _____ Location(s): _____

Total minutes of instructions, not including breaks, meals or introductions: _____

Formula: Core Competency Total Minutes/60 = CEUs Awarded Example: (Minutes ÷ 60 = ____ CEUs)

Core Competencies Addressed: _____
 (Core competencies can be found on the CGC website)

Web Address (link) to educational activity (optional): _____

I have attached an electronic brochure/file to be included with the event entry.

Your name and Title: _____

Signature: _____ Date: _____

Fees: There is a non-refundable fee for submission of the application. The fee is \$10 per CEU. A CEU is defined as being one hour of education within a CGC core competency. **NGA and its State Affiliates are exempt from this fee.** Applications received in the CGC office less than 30 calendar days prior to the presentation will be assessed a late fee of \$20.

Please note each program must be applied for separately unless that same program is offered within a 12-month period. If the program does not vary in content, but the dates and locations are different, you do not need to reapply for the offerings within a 12-month period. However, you will need to provide the CGC office with all dates and locations of those offerings.

Method of Payment

Check made out to CGC: \$ _____ Visa MasterCard Discover

Card Number: _____ Expiration Date: _____

Name on Card: _____ Billing Address: _____ Zip: _____

3- Digit Security Code: _____ Signature: _____

Please return this form to:

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