



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 \$25 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 as well as the appropriate payment.

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