



# JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

## Guardianship Certification

### Certified Guardians CE Approval Form

Please Type or Print Legibly.

Please check the appropriate box below.

Program Provider

Certified Guardians:  Program Attendee  Article/Book Written  Program Speaker  Course Teacher

Submit completed application to:

P O Box 12066, Austin, TX 78711-2066 or 205 W. 14<sup>th</sup> St., Ste. 600, Austin, TX 78701

(All fields must be completed. Notifications to applicants will be sent via email.)

<b>Name of Requestor:</b>	
<b>Certification Number:</b>	
<b>Certification Expiration Date:</b>	

<b>Mailing Address:</b> (Include city, state, and zip)					
<b>Phone #:</b>		<b>Fax #:</b>		<b>Email Address:</b>	

<b>Name of Program Provider:</b>	
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<b>Provider Contact Person:</b>	<b>Provider Phone Number:</b>

<b>Title of Program:</b>	
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<b>Date(s) of Program:</b>	<b>City &amp; State of Program:</b> <i>(name of website if online course)</i>

<b>Complete this section only if you were the seminar presenter.</b>	
Total # of hours of presentation time:	Total # of hours of preparation time:

<b>Complete this section only if you wrote an article that was published.</b>	
Name of Publication:	Date of Publication:

<b>Total Hours Requested:</b>	<b># of Legislative Hours Requested:</b>	<b># of Ethics Hours Requested:</b>

**Please provide a detailed description of the program.** *(Attach a brochure or course outline for teaching or speaking credit, to include the content of the program, the presenters, and the time devoted to each segment. Attach a copy of the article or a synopsis for writing credit):*

**How does this program increase or maintain the skills or competence of a certified guardian?**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date