

**CERTIFIED PROFESSIONAL GUARDIANSHIP BOARD  
CONTINUING EDUCATION PROGRAM APPROVAL FORM**

<b>Sponsoring Agency:</b>	Spokane County Bar Association/Spokane County Superior Court		
<b>Title of Activity:</b>	Spokane County Title 11 GAL /Court Visitor Training		
<b>Date(s)/Time(s):</b>	October 29, 2021 from 8:15 AM – 4:30 PM		
<b>Contact:</b>	Mark R. Wardrop (509) 477-2672 <a href="mailto:mwardrop@spokanebar.org">mwardrop@spokanebar.org</a>	<b>Location:</b>	Virtual

**Enter a start and end time for each session in which you participate. If any, circle the breakout sessions attended. Adjust the start and/or end time to indicate partial attendance.**

Start	End	Subject Title	Category	Credit
		Community Resources, Programs and Eligibility Panel	General	1.0
		Understanding the Guardian at Appointment: Intersection of Community Resources, Programs and Eligibility Panel	General	1.0
		Questions and Answers	General	1.25
		RCW 11.130 New Guardianship Act (UGA)	Emerging Issues	1.0
		Hypothetical / Interactive Discussion including Ethics	Ethics	1.0
		Best Practices and Expectations	Ethics	1.25
		KEYNOTE: Trauma Stewardship	General	1.0
<b><u>Total Approved Credits:</u></b>			<b>Emerging Issues</b>	<b>1.0</b>
			<b>Ethics</b>	<b>2.25</b>
			<b>General</b>	<b>4.25</b>

In accordance with Continuing Regulation 207, AOC Staff has  
 **Approved** \_\_\_ **Denied** this Request for Continuing Education Units.

Stacey Johnson



Office of Guardianship and Elder Services  
360.705.5302 [Stacey.Johnson@courts.wa.gov](mailto:Stacey.Johnson@courts.wa.gov)

**NOTE: The Certified Professional Guardianship Board requires each attendee receive a copy of this form. The sponsor shall verify attendance by mailing a completed attendance form and program materials to the Administrative Office of the Courts, PO Box 41170, Olympia WA 98504-1170 within 30 days of the completion of the program.**

**\*Please return this Form to the Registration Desk PRIOR to leaving today's program\***

**Attestation of Program Completion**

With my signature below, I attest that I have attended (or partially attended) the class session(s) as indicated above.

**CERTIFIED PROFESSIONAL GUARDIANSHIP BOARD**  
**CONTINUING EDUCATION PROGRAM APPROVAL FORM**

I understand that if I do not return the form that I may not receive credit for the Continuing Education Activity.

---

Print Name

Signature

CPG#

Date