



Professional Fiduciaries Bureau

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COURSE APPROVAL OR CANCELLATION APPLICATION

California Code of Regulations, Title 16, sections 4444 and 4448 (e)

- COURSE APPROVAL**—Check this box for course approval. Type or print all entries and provide a copy of the course syllabus.
- COURSE CANCELLATION**—Check this box for cancellation of a class and complete Provider/Business Name and sections 1, 2, and 3 only. Type or print all entries.

PROVIDER/BUSINESS NAME: _____

1. Course Title:
2. Instructor(s) Name:
3. Date(s) Course Will be Offered:
4. Course Location & Phone Number:
5. Cost of Course:
6. Course Delivery: <input type="checkbox"/> Classroom <input type="checkbox"/> Online <input type="checkbox"/> Video <input type="checkbox"/> Other (please specify) _____
7. Website Link (if applicable):
8. Overview/Description (please use additional sheet if needed):
9. Course Topic: <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Trusts <input type="checkbox"/> Durable Power of Attorney <input type="checkbox"/> California Court Systems <input type="checkbox"/> Ethics
10. Credit Type and Number of Hours: ___ Conservatorship ___ Guardianship ___ Trusts ___ Durable Power of Attorney ___ California Court Systems ___ Ethics
11. Is course approved by another agency? If Yes, which one(s)?
12. Contact Person: Name _____ Signature _____ <div style="display: flex; justify-content: space-around;"> Phone Number _____ Date _____ </div>