



Credit Counselors Certification Program Registration

This application is for the submission of a credit counselor certification program for Department approval pursuant to the Debt Management Services Act, 63 P.S. § 2401 *et seq.*, and is **to be completed by credit counselor certification providers only.**

Name of Provider: _____

Address: _____

Telephone Number: _____ Facsimile Number: _____

Office Manager: _____

Federal ID #: _____

Web Site Address: _____

Application Contact Person: _____ Title: _____

Address: _____

Telephone Number: _____ Facsimile Number: _____

Program Contact Person: _____ Title: _____

Address: _____

Telephone Number: _____ Facsimile Number: _____

Please attach the following information:

1. Outline of the proposed counselor certification program.
2. Method of instruction, whether in-person or through interactive technology, and whether open to the public or in-house for a company's employees only.
3. Copy of the application provided to individual/company seeking credit counselor certification.
4. A copy of the certification program, including any study material that is offered to those who enroll to become certified through the provider.
5. Outline of timeframe/period it takes an individual to become certified.



6. A copy of the certification exam to be provided to an individual to become certified.
7. Outline of how long the certification is good for and the process of how it is renewed.
8. A list of any prerequisites, if any, required by an individual seeking certification (for example, work experience or training).
9. A copy of a certification certificate that is issued for completion of the credit counselor certification program.
10. Procedures used for keeping records of attendance and completion of training and testing.
11. A list of states in which the provider's certified credit counselor certification program has been approved or is pending approval.
12. Detailed information pertaining to Continuing Education ("CE"). (For example, does the provider offer CE itself, accept CE from other providers, or both; what is the CE requirement – amount of CE credits required and how often CE is required to be completed, etc.).
13. A list describing all fees the provider charges (initial certification, recertification, CE fees, etc.).

I verify that I am duly authorized to sign this application on behalf of my organization. I further verify that the information provided in this application and all attachments, concurrent or subsequent, are true and correct to the best of my knowledge and belief, subject to the penalties of 18 Pa.C.S.A. § 4904, relating to unsworn statements made to authorities.

Signature

Print Name

Title