

Appendix D: Matrix of Current Instructors

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

Name of Provider: Other business names used at this location, if any: Street address:										
Total number of personnel at this location: _____	Instructor Names									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10. <small>(Copy this page for additional employees)</small>
Supervisor (check)										
EDUCATION - Highest Degree Received (check one)										
High School										
A.D.										
B.A./B.S.										
Graduate (M.S., J.D., Ph.D.)										
Other (specify)*										
INSTRUCTOR CERTIFICATION (check all that apply)										
Certified as a Credit or Financial Counselor*										
Course of Study*										
CFP										
RFC										
CPA										
EXPERIENCE (state years of experience)										
Credit Counseling										
Financial Management - Financial Planning										
Consumer Credit Education										
Consumer Economics										
Other (specify)*										
ANNUAL CONTINUING EDUCATION										
State year of most recent completion of continuing education course.										

* Disclose on separate page. See Section 7, Appendix D, of Instructions for additional detail.