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										
										<b>10.</b> (Copy this page for additional employees)	
Supervisor (check)	1.	ઝં	3.	4	S.	6.	7.	×	9.	a (C <b>1</b>	
EDUCATION - Highest Degree Received (check one)											
High School					- 1						
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*											
СFР											
RFC											
СРА											
EXPERIENCE (state years of experience)											
Credit Counseling											
Financial Management - Financial Planning											
Consumer Credit Education											
Consumer Economics											
Other (specify)*											
ANNUAL CONTINUING ED	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.