



**U.S. Department of Justice**

Executive Office for United States Trustees

**APPLICATION FOR APPROVAL AS A PROVIDER OF A  
PERSONAL FINANCIAL MANAGEMENT INSTRUCTIONAL COURSE**

An application package is complete if all questions/items have been responded to and copies of the documents requested in the application are attached. Failure to file a complete application may result in the delay or denial of the application. If additional space is required to complete an answer, attach a separate page with the name of the Provider, the federal tax identification number, and the question number indicated on the top, right-side of the page.

**Section 1. General Information Concerning the Provider**

1.1 Name of Provider: \_\_\_\_\_

1.2 Federal Tax Identification or Social Security Number of Provider: \_\_\_\_\_

1.3 United States Trustee assigned Provider Number (if previously approved): \_\_\_\_\_

1.4 Additional names currently being used, including any d/b/a:

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1.5 Primary business address:

Street address:	Mailing address: (if different)

1.6 Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Website: \_\_\_\_\_

1.7 Principal contact for the Provider:

Name: _____	Title: _____
Email address: _____	
If different then above:	
Telephone No.: _____	Fax No.: _____
Mailing address: _____	

1.8 Provider is a(n):        \_\_\_\_\_ Individual                                \_\_\_\_\_ Institute of Higher Education  
   \_\_\_\_\_ Corporation                                \_\_\_\_\_ Limited Liability Corp.  
   \_\_\_\_\_ Partnership                                \_\_\_\_\_ Limited Liability Partnership  
   \_\_\_\_\_ Other \_\_\_\_\_

1.9 State of organization: \_\_\_\_\_ Date of organization: \_\_\_\_\_

1.10 Complete and attach the following to the application:

- Appendix B: Judicial Districts.
- Appendix C: Teaching Methods and Business Locations.

## Section 2. Qualifications/Experience of Provider

2.1 How long has the Provider been in business?    \_\_\_\_\_ Years    \_\_\_\_\_ Months

2.2 How long has the Provider conducted personal financial management instructional courses?  
\_\_\_\_\_ Years    \_\_\_\_\_ Months

2.3 Disclose the total number of students taught by the Provider within the last 12-month period.

2.4 List all **former names** used other than those listed on questions 1.1 and 1.4. Include any f/k/a and the street and mailing address(es) the Provider has used in the last three years.

2.5 Identify all **owners** within the last three years. Provide their name, street address, principal occupation, current employer, and state whether they have been convicted of a felony or a crime involving fraud, dishonesty, or false statements. Attach a Curriculum Vitae for each owner who has been an owner for less than one year.

2.6 Identify all **officers** who served within the last three years. Provide their name, office title and state whether they have been convicted of a felony or a crime involving fraud, dishonesty, or false statements. Attach a Curriculum Vitae for each officer who has served for less than one year. If no longer serving, state the date of termination.

2.7 Identify all **directors/trustees** who served within the last three years. Provide their name, street address, principal occupation, current employer, and state whether they have been convicted of a felony or a crime involving fraud, dishonesty, or false statements. Attach a Curriculum Vitae for each director/trustee who has served for less than one year. If no longer serving, state the date of termination.

2.8 Identify each individual or entity who regularly refers debtor students to the Provider. State each individual's or entity's street address, mailing address, telephone number and fax number, email address, and Internet website, if any. Attach any contracts or agreements that are currently in effect.

2.9 Provide the names of all individuals or entities with which the Provider conducts business or has conducted business within the last two years where the individual or entity is an affiliate, subsidiary or related. (A related entity includes a business in which an officer, director, employee or relative of an officer, director or employee of the Provider owns, manages, controls or holds, directly or indirectly, a 20 percent ownership or financial interest in the business.) Attach any contracts or agreements that are currently in effect or were in effect during the last two years.

2.10 Disclose any accreditation(s) or certification(s) by accrediting or certifying organization(s).

2.11 If, at any time during the last five years, the Provider's accreditation or certification was revoked, suspended, or lapsed, disclose when and why.

- 2.12 List each state in which the Provider is licensed or certified to conduct business. For each state identified in response to this question, identify the state regulatory body that issued the license or certificate and the license or certificate number, if any.

- 2.13 List all business related legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Provider or any owner, officer, director, trustee, employee, or agent of the Provider is a party, pending or adjudicated, within the last three years, and the outcomes.

- 2.14 Disclose any prior or ongoing disciplinary or enforcement action by an applicable licensing, registration, or certification authority, court, or regulatory body against the Provider, or any owner, officer, director, trustee, employee, or agent of the Provider, within the last three years.

- 2.15 List all other services that the Provider offers.

- 2.16 For the last two years, list all individuals or entities that the Provider refers debtor students to for services related to financial matters and provide the name, address and telephone number of each individual or entity, and a description of the services provided by each individual or entity. Attach any contracts or agreements in effect.

- 2.17 Attach a copy of most recent year-end financial statement and federal income tax return.

**Section 3. Experienced and Trained Personnel (Teachers)**

- 3.1 Complete and attach Appendix D: Matrix of Current Teachers for each location that will be staffed by teachers providing courses to debtor students. Enter the teacher's name in the employee box and complete the information as instructed.
- 3.2 Attach copies of any written standards, manuals, procedures, or guidelines provided to teachers of the Provider's course.
- 3.3 State the Provider's policy for offering continuing education programs for its teaching staff.

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- 3.4 Identify the individual who will serve as the supervisor/teacher who is qualified pursuant to Section 3.2 of instructions and provide a Curriculum Vitae which describes the supervisor's/teacher's experience and educational background.

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**Section 4. Learning Materials and Methodologies (Course Curriculum)**

- 4.1 State the estimated length of the course in hours.

Classroom: _____	Telephone: _____	Internet: _____
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- 4.2 Describe the procedure that will be employed to ensure the completion and submission of course evaluation forms by debtor students and attach a copy of the proposed evaluation form.

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- 4.3 If providing the instructional course via telephone or Internet, describe the Provider's experience and proficiency in providing courses in this manner.

Telephone:	Internet:
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- 4.4 If providing the instructional course via telephone or Internet, describe how the course is presented (e.g., course material is mailed to debtor students with follow up and testing performed via telephone). Explain separately the course procedures for spouses who receive joint instruction.

Telephone:	Internet:
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- 4.5 If providing the instructional course via telephone or Internet, describe how the Provider verifies the identity of the person taking the course, including verification procedures for spouses receiving joint instructions.

Telephone:	Internet:
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- 4.6 If providing the instructional course via telephone or Internet, describe how the Provider verifies that the debtor students completed the course as it was designed and received a minimum of 2 hours of instruction, including verification procedures for spouses receiving joint instructions.

Telephone:	Internet:
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- 4.7 If providing the instructional course via telephone or Internet, describe the procedures used if the debtor student does not successfully complete the post course verification or does not receive the minimum hours of instruction.

Telephone:	Internet:
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- 4.8 Attach copies of the course materials used for planning purposes and instructional materials that will be regularly provided to debtor students whether the course is taught in a classroom, by telephone, or over the Internet.

## Section 5. Facilities

- 5.1 Compete and attach Appendix E, Provider Checklist for Adequacy of Facilities, for each classroom location.

**Section 6. Fees and Issuance of Certificates**

6.1 Attach copies of the following to the application:

- Fee schedule or suggested contribution schedule for all fees and contributions to be paid by debtor students, including any fees charged for telephone service, Internet service, materials, or other items. If fees vary by judicial district or location, include a schedule for each place where there is a variation.
- The Provider’s policy with regard to the availability of services for free or at a reduced rate based on a debtor student’s ability to pay.

**Section 7. Activity Report for Approved Providers** (To be completed only by Providers who have previously been approved by the United States Trustee and are seeking re-approval.)

7.1 Complete and attach Appendix F: Activity Report for Approved Providers.

**Section 8. Acknowledgments, Agreements, and Declarations**

8.1 Complete and attach an originally executed Appendix A: Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.

8.2 Attach copies of the disclosure forms that will be provided to debtor students.

**Section 9. Certification and Signature**

**I declare under penalty of perjury that I am authorized to complete this application on behalf of the above named entity; I have examined the contents of the application, enclosures, and other accompanying documents; the documents provided with this application are authentic, complete, and accurate; and all representations are true and correct to the best of my knowledge, information, and belief.**

\_\_\_\_\_  
Signature of Owner, President, Chairman, Trustee, or  
Other Authorized Official

\_\_\_\_\_  
Type or Print Name of Signer

\_\_\_\_\_  
Type or Print Title of Signer (if applicable)

\_\_\_\_\_  
Date