

Appendix D: Matrix of Current Teachers

(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: _____	Teacher Names									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10. <small>(Copy this page for additional)</small>
EDUCATION - Highest Degree Received (check one)										
High School										
A.D.										
B.A./B.S.										
M.S.										
J.D.										
Ph.D.										
Other *										
CERTIFICATION (check all that apply)										
Accredited or Certified as a Credit or Financial Counselor*										
Teacher										
CFP										
RFC										
CPA										
Other *										
EXPERIENCE (state years of experience)										
Classroom										
Personal Financial Management										
Consumer Credit Education										
Financial Planning										
Consumer Economics										
Credit Counseling										
Other *										

* Disclose on separate page. See Section 3.2 of Instructions for appropriate disclosures.