## Appendix C: Teaching Methods and Business Locations

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

**Name of Provider:**_____

**Teaching Methods:**

| **In-Person:** | **Telephone:** | **Internet:** |
|---|---|---|
| _____ Yes _____ No | _____ Yes _____ No | _____ Yes _____ No |
| Languages Offered: | Languages Offered: | Languages Offered: |
| | | |

**Contact Information:** (To be posted on the United States Trustee approved list)

| **Address:** | **Telephone number:** | **Web address:** |
|---|---|---|
| | | |

**Business Locations:**
**List all business locations and include telephone number and business hours. In last box, check if In-Person counseling is available at the location.**

| **ADDRESS (include street, city, county and state)** | **TELEPHONE NUMBER** | **BUSINESS HOURS** | **IN PERSON CLASS AVAILABLE** |
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