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**