

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.	(Copy this page for additional)
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.