

Appendix D: Matrix of Current Counselors

Name of Agency:**Other business names used at this location, if any:****Street address:**

Total number of personnel at this location: _____	Counselor Names									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10. (Copy this page for additional employees)
Supervisor (check)										
EDUCATION - Highest Degree Received (check one)										
High School										
A.D.										
B.A./B.S.										
Graduate (M.S., J.D., Ph.D.)										
Other (specify)*										
COUNSELOR CERTIFICATION (check all that apply)										
Certified by Independent Organization*										
Course of Study*										
CFP										
RFC										
CPA										
EXPERIENCE (state years of experience)										
Credit Counseling										
Financial Management - Financial Planning										
Consumer Credit Education										
Consumer Economics										
Other (specify)*										
BACKGROUND CHECK (state the year of the criminal background check and check if no conviction for any felony, or crime involving fraud, dishonesty, or false statements)										
Criminal Check (Year)										
No Criminal Conviction										
ANNUAL CONTINUING EDUCATION										

Name of Agency: Other business names used at this location, if any: Street address:										
Total number of personnel at this location: <div style="border-bottom: 1px solid black; width: 100px; margin: 0 auto;"></div>	Counselor Names									
	1.	2.	3.	4.	5.	6.	7.	8.	9.	10. <small>(Copy this page for additional employees)</small>
State year of most recent completion of continuing education course.										

*** Disclose on separate page. See Section 8, Appendix D, of Instructions for additional detail.**