**APPLICATION FOR APPROVAL OF CREDIT COUNSELOR CERTIFICATION PROGRAM**

**Bureau of Consumer Credit Protection**

**35 State House Station**

**Augusta, ME 04333-0035**

**PH: (207) 624-8527**

**FAX: (207) 582-7699**

FOR OFFICE USE ONLY

PROGRAM # \_\_\_\_\_\_\_\_\_\_\_

Approval Date\_\_\_\_\_

Approved By\_\_\_\_\_\_

Denial Date:\_\_\_\_\_\_

Denied By: \_\_\_\_\_\_\_

Amount Fee Paid:\_\_\_\_\_\_\_

Check Number:\_\_\_\_\_\_\_\_\_

Cash Number:\_\_\_\_\_\_\_\_\_\_

Application is hereby made for approval

Of a credit counselor certification program,

Pursuant to the requirements of 32 M.R.S.A. 6172

“Debt Management Service Providers Act.”

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| 1. **NAME OF PROGRAM PROVIDER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  (Company, school, organization or individual applying for program approval)2. **CONTACT PERSON**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Person whom the BCCP should contact regarding program questions or approval)Street/P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_ - \_\_\_\_\_\_\_\_\_\_ FAX ( ) \_\_\_ - \_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. **COURSE REGISTRAR**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Person whom participants will contact for information and or to register for the program)Street/P.O. Box \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State: \_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_ - \_\_\_\_\_\_\_\_\_\_ FAX ( ) \_\_\_ - \_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**COURSE INFORMATION:**

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| 1. **COURSE TITLE OF CERTIFICATION PROGRAM**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **COURSE HOURS OR EXPECTED COMPLETION TIME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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| 4. **INSTRUCTOR (if applicable)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5. **FORMAT:** (please check all that apply)🞏 Live/Classroom Setting 🞏 Audio/Video🞏 Computer (CD or Diskette) 🞏 Distance Learning🞏 TV (includes satellite & ITV) 🞏 Internet🞏 Self Study6. **IS COURSE OR PROGRAM APPROVED IN OTHER STATES?** \_\_\_\_\_ (If yes, list states \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)7. **REQUIRED ATTACHMENTS** (Check to confirm that each is attached to this application):🞏 Instructor Résumé (if applicable):🞏 Course Syllabus/Summary8. **PROGRAM COST**: $\_\_\_\_\_\_\_\_9. **PROGRAM SCHEDULE (if applicable):**

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| **DATE** | **LOCATION OF CLASSROOM** | **CITY** | **STATE** |
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| 10. **DESCRIBE HOW ATTENDANCE IS ENSURED OR {IF ON-LINE}, HOW IDENTITY OF COUNSELOR IS ASSURED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**11. **DESCRIBE HOW COUNSELORS ARE TESTED TO DETERMINE CERTIFICATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. **METHODS OF RECORD MAINTENANCE**: Explain your procedure of maintaining students’ records for a minimum of two year e.g., will students records be maintained in a database, file, etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **CERTIFIED STATEMENT AND SIGNATURE OF PROGRAM SPONSOR OR AUTHORIZED OFFICIAL.**By my signature, I hereby agree to abide by the requirements and conditions set forth by the provision of 32 M.R.S.A., c. 80-A, the Debt Management Services Act administered by the Maine Bureau of Consumer Credit Protection I certify that the information contained in this application is accurate and true to the best of my knowledge and belief. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Signature |

 Form Updated June 4, 2009