



DELAWARE

DEPARTMENT OF JUSTICE

Credit Counselors Certification Program Request for Approval

This application is for the submission of a credit counselor certification program for Department approval pursuant to the Delaware Debt Management Services Act, 6 Del. C. 2402A, et seq.

Name of Provider: _____

Address: _____

Telephone: _____

Fax: _____

Web Site Address: _____

Application Contact Person: _____ Title: _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

PLEASE ATTACH THE FOLLOWING INFORMATION FOR CONSIDERATION:

1. Outline of the proposed counselor certification program.
2. Method of instruction, whether in person or through interactive technology and whether open to the public or in-house for a company's employees only.
3. Amount of time it takes for an individual to become certified.
4. A copy of the certification exam to be provided to an individual to become certified.
5. Information confirming that exams are administered through proctoring services offered at universities and community colleges nationwide.
6. Information about how long the certification is active and renewal process.
7. Any prerequisites of an individual seeking certification
8. Copy of certification certificate for completion of the credit counselor certification program.
9. Copy of the application provided to individual seeking credit counselor certification.
10. A list of the fees involved.