



Delaware Department of Justice Counselor Certification Program Application for Approval

The Delaware Uniform Debt-Management Services Act, 6 *Del. C.* § 2401A, *et seq.* (the “Act”), requires the Delaware Attorney General Consumer Protection Unit (“CPU”) to review and approve training programs (each a “Program”) that authenticate the competence of individuals providing education and assistance to other individuals in connection with debt-management services. A "certified counselor," as defined in the Act, is not necessarily a "credit counselor."

To request approval of your Program, you must complete sections I and II of the Application, provide the documentation requested in section III of the Application, and execute the affidavit attached hereto. ***Applications must be submitted by e-mail to DebtManagementServices@delaware.gov with a paper copy (including all additional documentation) mailed to the following address:***

Delaware Department of Justice
Carvel State Building
Consumer Protection Unit
Attn: Debt Management Services
820 N. French St.
5th Floor
Wilmington, DE 19801

If you have any questions about the Application, please contact the CPU.

I. Program Information

Program Name:	
Address:	
Telephone:	Fax:
Website:	

Please provide the following information and attach supporting documentation that you feel is helpful to our evaluation of your Program. You may use additional sheets of paper if needed.

Length of Program:
Format of Program (e.g., online, face-to-face, hybrid):
Prerequisites to applying to Program:
Do you conduct a criminal background check on applicants?
Cost of Program, including all application, course, and certification fees:
How many attempts does an individual have to pass the certifying exam?
Please describe the proctoring process for the certifying exam.
How often must an individual renew his or her certification?
Is the renewal process different than the initial certification process? If so, how?
How can the CPU validate the certification of a debt-management services counselor?

II. Program Contact Information

Contact Name:	Title:
Address:	
Telephone:	Fax:
E-mail address:	

III. Supporting Information

Please return this completed application with a copy of the following documents:

1. Outline of the proposed counselor certification program
2. Copies of all forms, background materials, or applications given to individuals seeking to become certified counselors.
3. A sample certificate of Program completion and certification.

COUNSELOR CERTIFICATION PROGRAM AFFIDAVIT

State of _____)
) SS.
County of _____)

I, the undersigned, swear or affirm that:

- 1. I am authorized to submit the Application on behalf of _____; and
- 2. The information contained in the Application is true and accurate to the best of my knowledge.

Signature of Affiant

Printed Name of Affiant

Title of Affiant

Sworn or affirmed and subscribed before me this ____ day of _____, 20____.

Notary Public

SEAL

My commission expires: _____