Appendix D: Matrix of Current Counselors

OMB No. 1105-0084

(Application for Approval as a Nonprofit Budget and Credit Counseling Agency) Approval Expires 09/30/2028

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										
State year of most recent completion of continuing education course.										

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