

**Consumer Credit Counseling:**  
**Continuing Professional Education *Conference Approval* Application**

Please return to:  
South Carolina Department of Consumer Affairs  
Attn: Deborah Lockard, Program Coordinator - Consumer Credit Counseling  
P.O. Box 5757  
Columbia, SC 29250

<b>Notice of Decision</b> (To be completed by CPE staff)
↑ Approved: ____ credits
↑ Denied
Date: _____
CPE Member: _____

**Conference Title:** \_\_\_\_\_ **Total hours:** \_\_\_\_\_

**Provider Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(Street Address/ P.O. Box) (City) (State) (Zip Code)

Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_

**Enclosed with this application is:**

- A copy of all course materials in triplicate (text and handouts - submit in a 3 ring binder with tab separations).
  - A copy of the description of the conference to be used in advertising
- \*\*All materials will be retained by the South Carolina Department of Consumer Affairs.*

I hereby apply for approval to provide the above referenced credit counseling conference, and I certify, under penalty of perjury, that all statements and materials of the Conference Approval Application are true and that nothing has been withheld which would influence a complete evaluation of this application.

**I have read and agree to comply with the S.C. Consumer Credit Counseling Law and/or Policies of the S.C. Department of Consumer Affairs.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

