

***Consumer Credit Counseling:  
Continuing Professional Education Provider 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

Provider Name: \_\_\_\_\_ FIEN or SSN \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(First) (Last)

Physical Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Classroom Location(s): \_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip Code)  
*(Attach additional page if necessary)*

**Enclosed with this application is:**

- a copy of Enrollment Agreement
- a sample [Certificate of Completion](#)

**POLICIES AND PROCEDURES**

**Attendance Policy:** Explain how you intend to monitor attendance. The form must contain all information on the [Department's sample](#). \_\_\_\_\_  
\_\_\_\_\_

**Methods of Record Maintenance:** Explain your procedure of maintaining students= records for a minimum of two years. (Ex. Will student records be maintained in a database, file, etc?) \_\_\_\_\_  
\_\_\_\_\_

I hereby apply for approval to provide credit counseling continuing professional education courses, and I certify, under penalty of perjury, that all statements and materials 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