

Consumer Credit Counseling:
Continuing Professional Education *Uniform* Application

CONTINUING PROFESSIONAL EDUCATION: SECTION 37-7-105

- **Licensees must complete at least twelve hours** of continuing professional education **every two years**.
 - At least six of the twelve hours must be earned in a live instructional setting.
 - Who Must Complete:
 - Owners and Partners
 - A designee of a LLC or corporation
 - Counselors
 - CPE must be reported to the department every two years on a form approved by its showing the:
 - date and title of the courses taken,
 - the teacher or sponsor of the course taken, and
 - the hours of continuing professional education claimed for the course.
 - If the course is taught in a classroom setting, fifty minutes of classroom contact equals one hour of CPE.
 - **Course sponsors** must maintain records of attendees for **two years** after the course.
 - A Certificate of Completion issued by the course sponsor/ provider is the documentation of attendance at the courses. The Certificate:
 - must be maintained by the **licensee**
 - is subject to inspection by the department for up to **two years** after the date of the course.
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INSTRUCTIONS

If a course provider does not submit the required documentation for CPE approval, the course taker may submit this Uniform Application for CPE course approval. The Application and any required documents **must be submitted in triplicate**. The applicant will be notified whether the course is approved or denied CPE credit.

- Luncheon speakers are not accepted as approved CPE.
- A course must be at least two (2) hours in length.
- If course materials are lengthy, send a copy of the cover page, the Table of Contents and any items that will identify the course content to the CPE panel for consideration.
- A time schedule must be submitted with the Application to clearly demonstrate to the Panel how much time was spent on each topic.

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Please return to:

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

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

1. Provider Information: *Name, Address and Phone Number of person sponsoring or providing the activity.*

a. Provider Name: _____ b. Phone No.: (____) _____

c. Mailing Address: _____
(Street Address/ P.O. Box) (City) (State) (Zip Code)

2. Course Information:

a. Title of the Education Activity: _____

b. Location: _____
(Facility Name) (City) (State)

c. Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____
Date: _____ Start Time: _____ End Time: _____

** Attach additional page(s) as necessary

d. Course Type: Live/ Classroom Video Web-Based Video-Conferencing

e. Registration Fee: \$ _____ f. Total Minutes of Instruction (not to include breaks, meals, etc): _____

3. Materials:

a. Total Number of Pages Distributed: _____

b. Distributed: Before Program At Program Other _____

4. Required Attachments: *Must be submitted in triplicate.*

- Time Schedule (from brochure, course outline, or course description)
- Table of Contents or Equivalent
- Complete Set of Course Materials
- Faculty Name(s) and Credentials (if not included in course materials).

I affirm that I have completed and reviewed all information required in this Uniform Application and that all information herein is true & correct. I understand that giving false information in this Uniform Application constitutes cause for denial of my CPE credit and may cause the revocation of my credit counseling license.

Signature

Employer's Name

Print or Type Name

Employer's Address (Address/ P.O. Box) (City)

Title Date

(State) (Zip Code) Employer's Phone Number