



**STATE OF SOUTH CAROLINA
DEPARTMENT OF CONSUMER AFFAIRS**



**CREDIT COUNSELING
CONTINUING PROFESSIONAL EDUCATION (CPE)
REPORTING FORM**

Mailing Address
P.O. Box 5757
Columbia, SC 29250-5757

S.C. Code Ann. §§ 37-7-101 through - 122
(803) 734-4251 | www.consumer.sc.gov | (803) 734-4200

Street Address
293 Greystone Boulevard, Ste. 400
Columbia, SC 29210-8004

IMPORTANT: Print legibly or type information requested on this form in its entirety. Illegible or faxed applications will not be accepted. Incomplete information could result in delay or denial of your application. When completing the application, attach additional pages as necessary.

GENERAL INFORMATION

Business Name
(Headquarters/Main) _____

DBA _____

Business License No. _____

Full Legal Name _____

Business Title _____ Counselor License No.
(if applicable) _____

E-mail Address _____ Phone No. () -

COURSE INFORMATION

PROVIDER	COURSE TITLE	DATE(S) ATTENDED	HOURS CLAIMED

The undersigned warrants that his or her signature is duly authorized and delivered by and for the business for which s/he signs. The undersigned swears or affirms and certifies that all information contained in this form and any attachments to this form is true, accurate, and complete.

Signature _____ Title _____

Print Name _____ Date _____

The South Carolina Freedom of Information Act may require the Department to release a copy of your filing as a public record. Personal identifying information will be released only if required by law.