

**U.S. BANKRUPTCY ADMINISTRATOR  
NORTHERN DISTRICT OF ALABAMA**

**APPLICATION FOR APPROVAL AS A PROVIDER OF A  
PERSONAL FINANCIAL MANAGEMENT INSTRUCTIONAL COURSE**

An application package is complete if all questions/items have been responded to and original or conformed copies of the documents requested in the application are attached. Failure to file a complete application may result in the delay or denial of the application. Responses to the questions on this application are continuing and the applicant must promptly notify the Office of the Bankruptcy Administrator of any circumstances that would cause an answer to any question to change. If additional space is required to complete an answer, attach a separate page with the name of the individual/organization, social security number/federal tax identification number, and the question number indicated on the top, right-side of the page.

**Section 1. General Information Concerning the Provider**

1.0 Provider is seeking \_\_\_\_\_ (a) initial approval \_\_\_\_\_ (b) renewal of approval\*  
\_\_\_\_\_ (c) amendment to original application dated \_\_\_\_\_

\*If (b) state any changes to answers from your previous application with an asterisk.

1.1 Provider is a(n): \_\_\_\_\_ Individual \_\_\_\_\_ Unincorporated Association  
\_\_\_\_\_ Corporation \_\_\_\_\_ Limited Liability Corp.  
\_\_\_\_\_ Partnership \_\_\_\_\_ Limited Liability Partnership  
\_\_\_\_\_ Other \_\_\_\_\_

1.2 Name under which Provider will conduct business, including any d/b/a:

1.3 Primary business address (including street and mailing address):

1.4 State of organization: \_\_\_\_\_ Date of organization: \_\_\_\_\_

1.5 Federal Tax ID No. or Social Security No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_  
Fax No.: \_\_\_\_\_ Website: \_\_\_\_\_ Email: \_\_\_\_\_

- 1.6 Name, street address, telephone number, email address, and fax number of the principal contact for the Provider.
- 1.7 Name, street address, telephone number, email address, and fax number of the registered agent for the Provider.
- 1.8 List each judicial district for which the Provider requests approval.
- 1.9 List all locations of branch and satellite offices, if any. For each office where courses will be provided to debtor students, provide the mailing address, street address, telephone number, fax number, business hours, email address, Internet website, and number of personnel employed at each location.

**Section 2. Qualifications/Experience of Provider**

- 2.1 How long has the Provider been in business? \_\_\_\_\_ Years \_\_\_\_\_Months
- 2.2 How long has the Provider conducted personal financial management instructional courses? \_\_\_\_\_ Years \_\_\_\_\_Months
- 2.3 How many students have been taught by the Provider within the last 12-month period?

- 2.4 State all names, including any d/b/a, a/k/a, f/k/a, and street and mailing address(es) the Provider has used in the last three years.
- 2.5 Identify each owner, officer, director, partner, or trustee who served within the last three years and provide their term of office, street address, principal occupation, employment experience, and state whether they have been convicted of a crime involving fraud, dishonesty, or false statements.
- 2.6 Identify each individual or entity who regularly refers debtor students to the Provider. State each individual's or entity's street address, mailing address, telephone number, fax number, email address, and Internet website, if any.
- 2.7 State all affiliated businesses or subsidiaries of the Provider within the last three years, including those persons identified as owners, officers, directors, partners, and trustees of those affiliated business or subsidiaries; whether organized for profit or not for profit; and the location and the nature of the business of each such affiliate business or subsidiary.
- 2.8 State the name of each business with which the Provider conducts business in which an owner, officer, director, employee, or insider of the Provider holds, directly or by nominee, a 20 percent ownership or financial interest.

- 2.9 Disclose any accreditations(s) or certification(s) by accrediting or certifying organizations.
- 2.10 If, at any time, the Provider's accreditation or certification was revoked or suspended, or lapsed, within the last five years, disclose when and why.
- 2.11 List each state in which the Provider is licensed to conduct business.
- 2.12 List all legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Provider is a party, pending or adjudicated, within the last three years, and the dispositions. **Complete and attach Appendix D, tax information authorization.**
- 2.13 Disclose any prior or ongoing disciplinary or enforcement action by an applicable licensing, registration, or certification authority, court, or regulatory body against the Provider, or any owner, officer, director, partner, trustee, employee, or agent of the Provider, within the last three years.

### **Section 3. Experienced and Trained Personnel (Teachers)**

- 3.1 Complete and attach Appendix A, Matrix of Personnel Experience, for each location that will be staffed by teachers providing courses to debtor students. Enter the supervisor's/teacher's name and other identifying information in the employee box and complete the information as instructed. Place the Provider's name, address, and federal tax identification or Social Security number on each matrix submitted.

3.2 Attach originals or conformed copies of the following to the application:

- Any written standards, procedures, or guidelines provided to teachers of the Provider's course.

**Section 4. Learning Materials and Methodologies (Course Curriculum)**

4.1 State the estimated length of the course in hours.

Classroom: \_\_\_\_\_ Telephone: \_\_\_\_\_ Internet: \_\_\_\_\_

4.2 Describe the procedure that will be employed to ensure the completion and submission of course evaluation forms by student debtors.

4.3 If providing telephonic or Internet courses, describe the Providers' experience and proficiency in providing such courses via the telephone and/or the Internet.

4.4 Provide the online address for any Internet personal financial management course.

4.5 Attach originals or conformed copies of the following to the application:

- Course materials used for planning purposes and instructional materials which will be regularly provided to the student debtors whether the course is taught in a classroom, by telephone, or over the Internet.

**Section 5. Adequate Facilities**

5.1 Complete and attach Appendix B, Provider Checklist for Adequacy of Facilities, for each classroom location.

**Section 6. Reasonableness of Fees**

- 6.1 Disclose the course fee and schedule for each location, including fee and access information for telephone and Internet courses.
- 6.2 Attach originals or conformed copies of the following to the application:
  - A fee schedule or suggested contribution schedule for all fees and contributions to be paid by debtor students, including any fees charged for material or other items.

**Section 7. Acknowledgments, Agreements, and Declarations**

- 7.1 Complete and attach an originally executed Appendix C, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.
- 7.2 Attach originals or conformed copies of the application:
  - Disclosure forms that will be provided to student debtors.
  - Income Tax Returns for the two years immediately preceding the filing of the application.

**Section 8. Certification and Signature**

**I declare under penalty of perjury that I am authorized to complete this application of behalf of the above-named entity; I have examined the contents of the application, enclosures, and other accompanying documents. I believe that all representations are true and correct to the best of my knowledge, information, and belief.**

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Signature of Owner, President, Chairperson, Trustee, of  
Other Authorized Official

Type or Print Name of Signor

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Type or Print Title of Signor

Date



**Appendix B: Provider Checklist for Adequacy of Facilities**

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

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

Fed. Tax Id. or Social Security No.: \_\_\_\_\_

Location Address: \_\_\_\_\_

CHECK ONE <input checked="" type="checkbox"/>	REQUIRED ELEMENT	EXPLANATION
<input type="checkbox"/> YES <input type="checkbox"/> NO	Handicapped accessible building and room.	No steps at door entry or at wheelchair ramp, rail. Meets specifications of Americans with Disabilities Act Accessibility Guidelines (ADAAG).
<input type="checkbox"/> YES <input type="checkbox"/> NO	Handicapped accessible restrooms.	Meets ADAAG.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Close to public transport.	Location within ½ mile of bus stop or reasonable distance from public transportation if available in the area.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Convenient parking and physically challenged designated parking available.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility meets standard building safety codes.	
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility does not exceed occupancy requirements for safety, fire, or health codes, rules or laws.	Occupancy permit for intended use and number of occupants.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility meets fire/life and health codes, rules or regulations.	Established exit, fire alarm, sprinkler, or safety requirements are met.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility does not contain hazardous materials.	Facility is free of hazardous materials according to federal, state, and local environmental rules or regulations.
<input type="checkbox"/> YES <input type="checkbox"/> NO	Facility has adequate liability insurance coverage.	

**THE CHECKLIST IS NOT AN EXCLUSIVE OR EXHAUSTIVE LIST OF ELEMENTS THE BANKRUPTCY ADMINISTRATOR MAY CONSIDER IN DETERMINING WHETHER A FACILITY IS ADEQUATE.**

I declare under penalty of perjury that I have reviewed the information provided on this checklist and it is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
Signature of Owner, President, Chairman, Trustee, or  
Other Authorized Official

\_\_\_\_\_  
Type or Print Name of Signor

\_\_\_\_\_  
Type or Print Title of Signor

\_\_\_\_\_  
Date

**\*Internet or telephonic courses are not subject to these requirements.**

## **Appendix C**

(Application for Approval as a Provider of a Personal Financial Management Instructional Course)

### **Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course**

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

The Provider hereby assures and certifies compliance with all applicable federal statutes, regulations, policies, guidelines, and requirements including, but not limited to, 11 U.S.C. §§109(h) and 111. The Provider also specifically assures, certifies, and agrees that:

1. It is in compliance with all applicable laws and regulations of the United States and the state in which the Provider seeks approval from the U.S. Bankruptcy Administrator.
2. No member of the board of directors or trustees, owner, or officer, manager, employee, or agent is a employee of the U.S. Courts or the United States Department of Justice, panel trustee, or person with a financial or familial connection to a panel trustee or an employee of the U.S. Courts or the United States Department of Justice. For purposes of this paragraph, a person is not deemed to have a relationship to a panel trustee solely because the person is an employee of the panel trustee.
3. It will comply with the policies and directives of the U.S. Bankruptcy Administrator and the Administrative Office of the U.S. Courts, as may be issued from time to time.
4. It will make all records related to the Provider's compliance with 11 U.S.C. § 111 available to the U.S. Bankruptcy Administrator upon request and cooperate with the Bankruptcy Administrator for any scheduled or unscheduled on-site visit or customer service audit.
5. Its personnel will have adequate experience and training to provide effective instruction and services.
6. Its learning materials and methodologies are designed to assist debtors in understanding personal financial management and are consistent with stated objectives directly related to the goals of such instructional course.
7. Any fee, contribution, or payment received for education services will be reasonable in amount, and the Provider will provide services without regard to a student debtor's ability to pay.
8. It will not pay or receive referral fees or other consideration for the referral of debtor students.
9. The course will not contain any commercial advertising, and the Provider shall not promote, market, or sell financial products, solicit business of any type; or sell information about the debtor to any third party, whether the course is presented in a classroom, on the telephone, or on the Internet.

10. An approved Provider may state that it is approved to provide instructional counsel in personal financial management as required under the Bankruptcy Code. However, any advertisement that refers to such approval shall only be phrased in the following manner: *“Approved to issue certificates evidencing completions of a personal financial management instructional course in compliance with the Bankruptcy Code. Approval does not endorse or assure the quality of a Provider’s services.”* Approved Providers shall not use the Bankruptcy Administrator’s seal, the Bankruptcy Court’s seal, or any seal of the United States or a likeness thereof.

**I HEREBY DECLARE under penalty of perjury that the foregoing representations are true and correct to the best of my knowledge, information, and belief.**

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Signature

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Date

**Appendix D**  
**TAX INFORMATION AUTHORIZATION**

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Name of the Organization Employer Identification No.

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Address of the Organization

Hereby authorizes the Internal Revenue Service to disclose its returns and return information (as that term is defined in I.R.C. § 6103(b)) for tax years 2002 through 2006, related to Forms 990 and 990T, including, but not limited to, whether the organization is currently under examination for those years, or the status of a pending application for recognition of tax exempt status, to officers and employees of the Administrative Office of the United States Courts and its Bankruptcy Administrator Program.

I certify that I have authority to execute this tax information authorization on behalf of the organization named above.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Note: Treasury Regulations require that this authorization be received within 60 days of its execution by the taxpayer.