

**U.S. Bankruptcy Administrator  
Western District of North Carolina**

**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 an original or conformed copy 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 Bankruptcy Administrator of any circumstances that would cause an answer to any question to change.**

Do not leave any items blank. If the Provider has no information to provide, state “N/A” with respect to the relevant item. Please see the accompanying instructions for additional guidance on completing each item. 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**

- 1.1 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.

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

- 1.3 Name under which Provider will conduct business (including any d/b/a), including any and all names the Provider has used in the last three years (including any d/b/a, a/k/a, or f/k/a):

- 1.4 Primary business address (including street and mailing address), including all addresses the Provider has used in the last three years:

- 1.5 State of organization: \_\_\_\_\_

Date of organization: \_\_\_\_\_

1.6 Federal Tax ID No. or Social Security No.: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

1.7 Name, street address, telephone number, email address, website address and fax number of the principal contact for the Provider.

1.8 Name, street address, telephone number, email address, and fax number of the registered agent for the Provider.

1.9 List each judicial district for which the Provider requests approval.

1.10 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. Provider Background, Certifications, and Management**

- 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 If the response to Item 2.2 is less than two years, complete this item. Otherwise, state “N/A.”

For each location that provides personal financial management instructional courses, does the Provider employ at least one office supervisor with experience and background in providing personal financial management instructional courses for no fewer than two of the last five years?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, identify the individual who will serve as the supervisor for each office offering instructional courses and attach a resume describing that individual’s experience and educational background.

- 2.4 How many students have been taught by the Provider within the last 12-month period?
  
- 2.5 Identify each owner, officer, director, partner, or trustee who served within the last three years and provide their title, term of office, street address, principal occupation, employment experience, amount of direct and/or indirect compensation (including deferred compensation), and state whether they have been convicted of a crime involving fraud, dishonesty, or false statements. Attach a resume for each officer, director or trustee who is currently serving the Provider.
  
- 2.6 Identify each individual or entity who regularly refers debtor students to the Provider and provide the following: 1) the individual’s or entity’s street address, mailing address, telephone number, fax number, email address, and web address; 2) whether referred debtors receive a discount from the Provider’s ordinary instructional course fee; 3) whether the referrals are made pursuant to a fair share agreement and 4) a copy of any written contracts or agreements with such individual or entity.

- 2.7 Identify each individual or entity to whom the Provider regularly refers debtor students, and provide the following: 1) the individual's or entity's street address, mailing address, telephone number, email address, and web address; and 2) a copy of any written contracts or agreements with such individual or entity.
- 2.8 Identify each officer, director, shareholder, affiliate, subsidiary, or related individual or entity with whom the Provider has engaged in transactions within the last year, and with respect to each such individual or entity, provide the following: 1) the nature of the transaction; 2) the individual's or entity's street address, mailing address, telephone number, email address, and web address; and 3) a copy of any written contracts or agreements with such individual or entity.
- 2.9 Identify each independent contractor that performs services on behalf of the Provider or provides goods and services to the Provider, and provide the following: 1) the contractor's street address, mailing address, telephone number, email address, and web address; and 2) a copy of any written contracts or agreements with such contractor.
- 2.10 Identify 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.
- 2.11 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, an ownership or financial interest except for ownership of stock or shares in a publicly traded entity.
- 2.12 Disclose any accreditations(s) or certification(s) by accrediting or certifying organizations. Do not list instructor certifications here.

- 2.13 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. If any instructor's certification was revoked, suspended, or lapsed at any time during the last five years, identify the instructor and state when and why.
- 2.14 List each state in which the Provider is licensed to conduct business. For each state identified, also identify the state regulatory body that issued the license or certificate and the license or certificate number, if any.
- 2.15 List all legal actions, proceedings, investigations, arbitrations, mediations, audits by federal or state agencies, and potential bond or other claims in which the Provider, any affiliate listed in response to question 2.11 above, or any officer, director, trustee, employee, or agent of the Provider is a party, pending or adjudicated, within the last three calendar years, and any disposition.
- 2.16 Disclose any prior or ongoing disciplinary or enforcement action by an applicable licensing, registration, or certification authority, court, or regulatory body against the Provider, any affiliate listed in response to question 2.11 above, or any owner, officer, director, partner, trustee, employee, or agent of the Provider, within the last three years.

**Section 3. Experience and Training of Instructors**

- 3.1 **Complete and attach Appendix A, Matrix of Instructor Experience, for each location that will be staffed by instructors providing courses to debtor students.** Enter the supervisor's/instructor's name and other identifying information in the employee box and complete the information as instructed. Supply the Provider's name, address, and federal tax identification or Social Security number on each matrix submitted.
- 3.2 Attach an original or conformed copy of the following to the application:
- Any written standards, procedures, or guidelines provided to instructors of the Provider's course.
- 3.3 Describe the Provider's continuing education policy for instructors.

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

- 4.1 Identify the delivery methods for the Provider's instructional courses and the languages in which each delivery method is offered.

In-Person: Yes \_\_\_\_\_ No \_\_\_\_\_

Languages offered:

Telephone: Yes \_\_\_\_\_ No \_\_\_\_\_

Languages offered:

Internet: Yes \_\_\_\_\_ No \_\_\_\_\_

Languages offered:

- 4.2 State the average duration of the course in hours.

In-Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ Internet: \_\_\_\_\_

- 4.3 For each applicable method of instruction, describe the process of providing mandatory disclosures to debtors.

- 4.4 For each applicable method of instruction, describe the Provider’s identity verification processes.
- 4.5 For each applicable method of instruction, describe the procedures that will be employed to encourage the completion and submission of course evaluation forms by student debtors.
- 4.6 If providing courses in-person, provide the following information:
- (a) Describe the Provider’s procedures for limiting class size to ensure the effective presentation of classroom materials.
  - (b) Describe the Provider’s procedures for ensuring that an instructor is present to instruct and interact with debtors.
- 4.7 If providing courses by telephone, provide the following information:
- (a) Describe the Provider’s experience and proficiency in providing such courses.
  - (b) Describe the Provider’s policies regarding the use of toll-free telephone number.
  - (c) Describe the Provider’s procedures to ensure compliance with the Americans with Disabilities Act (“ADA”) and to provide toll-free telephone numbers for deaf and hearing-impaired debtors.

- (d) Describe the Provider's procedures for ensuring that an instructor is telephonically present to instruct and interact with debtor students.
- (e) State whether the telephonic course uses pre-recorded instruction.
- (f) Describe the Provider's procedures for providing written a copy of the learning materials to debtor students before the telephonic instruction session.
- (g) Describe the Provider's procedures for measuring the time spent by debtors in completing the instructional course.

4.8 If providing courses by Internet, provide the following information:

- (a) Describe the Provider's experience and proficiency in providing such courses.
- (b) Describe the Provider's procedures to ensure compliance with the ADA and its application to the Internet.
- (c) Describe the Provider's procedures for ensuring that an instructor responds to a debtor's questions or comments within 24 hours.
- (d) Describe the Provider's procedures for measuring the time spent by debtors in completing the instructional course.



4.9 Provide the web address for any Internet personal financial management course, and provide a test username and password for accessing the course materials online and any necessary instructions for accessing the course materials online. Provide a copy of screen shots for all Internet course materials.

4.10 Protection of Personal Identifiable Information (“PII”).

PII is defined as “any information about an individual maintained by an agency, including (1) any information that can be used to distinguish or trace an individual’s identity, such as name, social security number, date and place of birth, mother’s maiden name, or biometric records; and (2) any other information that is linked or linkable to an individual, such as medical, educational, financial, and employment information.” *Guide to Protecting the Confidentiality of Personally Identifiable Information (PII) Recommendations of the National Institute of Standards and Technology (McAllister, Grance and Scarfone) NIST Special Publication 800-122 (2010).*

Attach a copy of written procedures and policies implemented by the Provider to maintain the confidentiality of PII collected from clients, including the Provider’s incident response plan in the event that this information is compromised. List the name(s) and contact information for provider personnel responsible for maintenance of confidentiality of PII collected from clients.

4.11 Attach an original or conformed copy of the following to the application: course materials used for planning purposes and instructional materials that 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 List all fees and contributions paid by the debtor in connection with the instructional course.
- 6.2 List any reduced rates (such as discounts for debtors referred by certain law firms, or special rates for spouses who take the course together), based on criteria other than ability to pay.
- 6.3 Describe any and all fee waiver and fee reduction policies based on the debtor's ability to pay.
- 6.4 Attach an original or conformed copy 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; and the Provider's fee waiver policy.
- 6.5 If the Provider seeks fees in excess of \$50 per client, describe the basis for the fee increase and provide a cost-based justification. **The Provider may not unilaterally increase its fee without prior approval from the Bankruptcy Administrator.**

## Section 7. Disclosures, Tax Returns, and Tax Information Authorization

- 7.1 Attach to the application an original or conformed copy of all disclosure forms that will be provided to debtors. Please see the instructions for a complete list of required disclosures.
- 7.2 Attach to the application an original or conformed copy of the Provider's income tax returns for the two years immediately preceding the filing of the application.
- 7.3 Complete and attach Appendix C, Tax Information Authorization.

**Section 8. Acknowledgments, Agreements, and Declarations**

8.1 Complete and attach an originally executed Appendix D, Acknowledgments, Agreements, and Declarations in Support of Application for Approval as a Provider of a Personal Financial Management Instructional Course.

**Section 9. 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.**

---

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

Type or Print Name of Signor

---

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		REQUIRED ELEMENT	EXPLANATION
YES	NO	Handicapped accessible building and room.	No steps at door entry or at wheelchair ramp, rail. Meets specifications of ADA.
YES	NO	Handicapped accessible restrooms.	Meets ADA.
YES	NO	Close to public transport.	Location within ½ mile of bus stop or reasonable distance from public transportation if available in the area.
YES	NO	Convenient parking and physically challenged designated parking available.	
YES	NO	Facility meets standard building safety codes.	
YES	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.
YES	NO	Facility meets fire/life and health codes, rules or regulations.	Established exit, fire alarm, sprinkler, or safety requirements are met.
YES	NO	Facility does not contain hazardous materials.	Facility is free of hazardous materials according to federal, state, and local environmental rules or regulations.
YES	NO	Facility has adequate liability insurance coverage.	

**THIS 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

# TAX INFORMATION AUTHORIZATION

---

Name of Organization/Employer Identification Number

---

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 the five (5) tax years prior to the date of this authorization**, 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.



## **Appendix D**

(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 Bankruptcy Administrator.
2. No member of the board of directors or trustees, or owner, officer, manager, employee, or agent of the Provider is an employee of the U.S. Courts; a panel trustee in any federal judicial district where the Provider is providing or is applying to provide an instructional course; or person with a financial or familial connection to a panel trustee or an employee of the U.S. Courts.
3. It will comply with the policies and directives of the 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 Bankruptcy Administrator upon request and cooperate with the Bankruptcy Administrator for any scheduled or unscheduled on-site visit or customer service audit.
5. It will cooperate with the Bankruptcy Administrator and timely respond to any questions or inquiries concerning the Provider's operations and services.
6. It will immediately notify the Bankruptcy Administrator, in writing, of any material changes, including changes in the Provider's name, structure, principal contact, management, physical location, instructional course, fee policy, language services, or methods of delivery.
7. It will immediately notify the Bankruptcy Administrator, in writing, of any changes that render inapplicable, inaccurate, incomplete, or misleading any statement it previously made in its application or related materials, as well as any statement to the Bankruptcy Administrator.

8. Its personnel will have adequate experience and training to provide effective instruction and services.
9. 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.
10. It will conduct a criminal background check every five years for each person providing instruction in personal financial management and shall not employ as an instructor anyone who has been convicted of a crime involving fraud, dishonesty, or false statements.
11. 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.
12. It will not enter into any referral agreements or receive any financial benefit that involves the Provider paying to or receiving from any entity or person referral fees or compensation for the referral of debtors to or by the Provider.
13. It will not provide legal advice to debtor students.
14. It will not contact any debtor student utilizing the United States Postal Service, or other mail carrier, or electronic mail for the purpose of soliciting debtors to utilize the provider's instructional course, unless:
  - (a) Such solicitations include the phrase "This is an advertisement for services" or "This is a solicitation" prominently displayed at the beginning of each page of the solicitation, and in a font size larger than or equal to the largest font size otherwise used in the solicitation; and
  - (b) Any such solicitations include only logos, seals, or similar marks that are substantially dissimilar to the logo, seal, or similar mark of any agency or court of the United States government, including but not limited to the Bankruptcy Administrator program.
15. It will make the following disclosures to each debtor student before such debtor student pays a fee for the Provider's instructional course:
  - (a) The Provider's fee schedule, including any cost to the debtor student in addition to the course fee.
  - (b) A statement that the course is offered to debtor students without regard to the debtor student's ability to pay.
  - (c) The qualifications, including educational and training background, of the instructors.
  - (d) A schedule of course dates, times, and locations, if applicable.
  - (e) A statement that the Provider does not pay or receive fees or other consideration for the referral of debtor students to the Provider.

- (f) A statement that, upon completion of the course, the Provider will provide a certification of course completions to the debtor student.
16. 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.
  17. It will assist the Bankruptcy Administrator in identifying and investigating suspected fraud and abuse by any party participating in the instructional course or bankruptcy process.
  18. Any forms, agreements, contracts, or other materials provided to debtors will not limit debtors’ right to seek damages against the Provider, as set forth in 11 U.S.C. 111(g)(2).
  19. It will refer debtors seeking an instructional course only to providers that have been approved by the Bankruptcy Administrator to provide such services.
  20. It will not disclose or provide to a credit reporting agency any information concerning whether a debtor has received or sought instruction concerning personal financial management from the Provider; nor sell information about any debtor to any third party without the debtor’s prior written approval; nor expose the debtor to commercial advertising as part of the instructional course; nor market or sell financial products or services during the instructional course (though it may generally discuss all available financial products and services).
  21. It will seek approval from the Bankruptcy Administrator by submitting an amended application before: engaging an independent contractor to provide an instructional course on behalf of the Provider; making or implementing any increase in fees, contributions, or payments received from debtors for an instructional course; making or implementing any change in its fee policy; any expansion into federal judicial districts; or making or implementing any material change in an instructional course or any change to its methods of delivery.
  22. It consents to the release and disclosure of the Provider’s name on the approved list and the publication of the Provider’s contact information.
  23. The Provider understands that failure to comply with any of the foregoing acknowledgements, agreements, and declarations may result in denial of the application or removal from the Bankruptcy Administrator’s list of approved providers.

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

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

\_\_\_\_\_  
Type or Print Title of Signer

\_\_\_\_\_  
Date