

Counselor Certification Program - Debt Management Act

This application is for the submission of a counselor certification program for DIFS approval pursuant to the Debt Management Act, 1975 PA 148, as amended, and is to be completed by counselor certification providers only.

Name of Provider		Website Address	
Street Address		Federal ID #	Telephone Number with Area Code
City	State	Zip Code	Fax Number with Area Code
Program Contact Person and Title		E-Mail Address	Telephone Number with Area Code
Application Contact Person and Title		E-Mail Address	Telephone Number with Area Code

Please attach the following information numbered and in sequential order:

- 1. Outline of the proposed counselor certification program.
- 2. Method of instruction, whether in-person or through interactive technology, and whether open to the public or in-house for a company's employees only.
- 3. Information explaining how exams will be administered through proctoring services including services offered at universities and community colleges nationwide.
- 4. Copy of the application provided to individual/company seeking counselor certification.
- 5. Copy of the certification program, including any study material that is offered to those who enroll to become certified through the provider.
- 6. Outline of timeframe/period it takes an individual to become certified.
- 7. Copy of the certification exam to be provided to an individual to become certified. Indicate how often exam is revised.
- 8. Length of the original certification period and the process to renew.
- 9. A list of prerequisites, if any, required by an individual seeking certification (for example, work experience or training).
- 10. Copy of the certification certificate that is issued for completion of the counselor certification program.



Michigan Department of Insurance and Financial Services

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- 11. Procedures used for keeping records of attendance and completion of training and testing. Include a one page sample list of certified counselors with data fields (personal information may be redacted as appropriate).
- 12. A list of states in which the provider's certified counselor certification program has been approved or is pending approval. Indicate the current status for each state along with the date of approval, if applicable.
- 13. Detailed information pertaining to continuing Education (CE). (For Example: Does the provider offer CE itself, accept CE from other providers, or both? What is the CE requirement – amount of CE credits required and how often CE is required to be completed, etc.).
- 14. A list describing all fees charged by the provider (initial certification, recertification, CE fees, etc.).

I verify that I am duly authorized to sign this application on behalf of my organization. I further verify that the information provided in this application and all attachments, concurrent or subsequent, are true and correct to the best of my knowledge and belief.

Signature	Print Name
Title	Date

When complete, please mail to:

DIFS - Consumer Finance
PO Box 30220
Lansing MI 48909-7720

Our delivery address is:

DIFS - Consumer Finance
530 W. Allegan Street, 7th Floor
Lansing MI 48933



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