Accreditation Program Registration

This application is for the submission of an accreditation program for Department approval pursuant to the Uniform Debt-Management Services Act, Tenn. § 47-18-5501 *et seq*., and is **to be completed by accreditation providers only.**

Name of Provider: _____

Address: _____

Telephone Number: _____Email Address: _____

Office Manager: _____

Federal ID #: _____

Web Site Address: _____

Application Contact Person: _____ Title: _____

Address: _____

Telephone Number: _____ Email Address: _____

Program Contact Person: _____ Title: _____

Address: _____

Telephone Number: _____Email Address: _____

Department of Commerce & Insurance

Please attach the following information:

1. Outline of the proposed accreditation program.

2. Outline of timeframe/period it takes an entity to become accredited.

3. A copy of a sample or redacted accreditation report.

4. Outline of how long the accreditation is good for and the process of how it is renewed.

5. A list of the requirements to be met by an entity seeking accreditation.

6. Copy of accreditation certificate that will be provided to an accredited entity.

7. Copy of the application provided to entity seeking accreditation.

8. A list of the fees involved/charged.

9. A list of states in which the provider's accreditation program has been approved or is pending approval.

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