| **Schedule E**<br>**UNIFORM DEBT-MANAGEMENT SERVICES ACT ACCREDITATION** | *Applicant* full legal name:<br>Date of filing (MM/DD/YYYY): Desired Effective Date (MM/DD/YYYY): | |
|---|---|---|
| Use **Schedule E** to evidence required accreditation of *Applicant.* | | |

**R. I. Gen. Laws § 19-14.8-6(8) requires that an *Applicant* for a for a Debt-Management Services License include evidence of accreditation by an independent accrediting organization such as the Council on Accreditation or an organization as approved by the Director of the Department of Business Regulation.**

**An authorized representative of the accrediting organization must, sign, date, and confirm that the *Applicant* has achieved accreditation ON THIS FORM.**

I hereby certify that_____
*(insert name of **Applicant)***
achieved accreditation as *a Credit Counseling Organization.*

Said ***Applicant was accredited on***_____
*(insert month/date/year of accreditation)*

Authorized Representative of Accrediting Organization: _____
*(insert name of authorized representative)*

Accrediting Organization: _____
*(insert name and address of **accrediting organization)***

| | | | | | | |
|---|---|---|---|---|---|---|
| Notary seal here | Signed or attested before me: | Print Notary Public name | | | | |
| | on this Date | day of Month | , | Year | at State | County |
| | Date (MM/DD/YYYY) | | | Signature of authorized representative of accrediting organization | | |
| | Notary Public signature | | | Notary Appointment Expires (MM/DD/YYYY) | | |