













I attest that this information is true and agree to abide by the requirements set forth in the EIF Course Provider Handbook and in this application. I hereby authorize CEWD to validate any or all information included in this application and to conduct such other due diligence as CEWD deems appropriate or necessary in connection with this application.

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Approved Provider Representative Signature

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Printed Name

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Title

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Date

**\*Confidentiality Agreement and Conflict of Interest Terms:**

The Approved Course Provider (ACP) shall safeguard the privacy of individuals, where applicable, and shall hold in confidence and in a secure manner the information obtained in the course of certificate program activities at all levels of the organization, including those of subcontractors acting on its behalf. Information about a particular individual shall not be disclosed to a third party by ACP personnel without the written consent of the individual. Where the law requires information to be disclosed to a third party, the individual shall be notified of the information provided.

The ACP agrees that it will avoid any conflicts of interest or appearance of any conflicts of interest in performing its duties as an ACP. In addition, the ACP agrees to let CEWD know in writing if a conflict of interest exists or potential conflict arises between CEWD and the interests of another organization.