# Exam Preparation Provider Application Package

## Part I: Organization Information

Company name: _____

Company name to appear on GARP website (if different from above):

_____

Company address: _____

City: _____ State: _____ Postal code: _____

Country: _____

Company URL: _____

Contact name: _____

Contact phone: _____

Contact email: _____

**Please choose one:** ☐ New provider  ☐ Renewing provider

**Are you currently:** ☐ Academic partner  ☐ Approved CPD provider

How long have you been offering exam prep services?: _____

Number of full-time employees: _____

What other professional designations or programs do you currently support?:

Estimated 2021 annual revenue from exam prep services: _____

How many exam prep classes do you typically offer each year?: _____

What is the average duration (in weeks) of your exam prep classes?: _____

What is the average number of students attending your exam prep classes?: _____

What is the approximate geographic breakdown of students attending your exam prep classes?:

Are your exam prep courses offered B2B, B2C, or a combination of both?: _____

If you offer B2B, what organizations would you identify as your top three institutional clients?:

How do you market or create awareness of your exam prep courses? Briefly describe:

What is your current marketing budget?:

Who would you identify as your top competitors? Please list up to three:

Why do you want to offer an FRM exam prep course?:

Briefly explain the value your firm would bring to our existing network of Exam Prep Providers (EPPs):

## Part II: Intended Instructional Offerings

**Please choose one:** ☐ FRM Part I ☐ FRM Part II ☐ Both

**Instructions will be:** ☐ In-person ☐ Online ☐ Both

Location(s) of planned in-person Instruction (if applicable):

## Part III: Instructional/Promotional Materials

Please list all materials (e.g., PowerPoint presentations, handouts, etc.) to be used for instruction, including those from GARP. Please also list any materials you'd use to promote your services:

**These materials were created:** ☐ In-house ☐ By a third party ☐ Both

(Please include digital copies of all non-GARP instructional materials and promotional materials with this application package.)

## Part IV: Instructor Information

Please list all instructors of FRM courses to be offered:

| Name | GARP ID (If applicable) | Certified FRM? (Y/N) |
|---|---|---|
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(Please include a digital copy of the most recent CV for each instructor listed above with this application package.)

I represent and warrant that the information provided above and in support of this application is true and correct and that I am a duly authorized representative of the provider below.

Company name: _____

Signature: _____

Print name: _____

Title: _____

Date: _____

Should you have any questions, please contact us directly at academic.outreach@garp.com.