



# Army Credentialing Assistance Program

## Questions to Ask Vendor

**Name of Training Provider/Credentialing Agency:** \_\_\_\_\_

1. Physical Address:  
(Street) \_\_\_\_\_ (City/State/Zip) \_\_\_\_\_
2. Point of Contact:  
(Name) \_\_\_\_\_ (Phone#) \_\_\_\_\_ (Email) \_\_\_\_\_

**Title of Credential/Licensure/Certification Course/Exam:** \_\_\_\_\_

1. Location of Course/Exam:  Online  Face-to-face (location address needed)  
(Street) \_\_\_\_\_ (City/State/Zip) \_\_\_\_\_
2. Course Number: \_\_\_\_\_
3. Start date of Course: \_\_\_\_\_
4. End date of Course: \_\_\_\_\_
5. Course/Exam Cost: \$ \_\_\_\_\_
6. Certification Exam Included in Course Cost?  Yes  No  N/A
7. Required Book(s):  Yes  No  
(Title) \_\_\_\_\_ (Cost) \_\_\_\_\_ (ISBN) \_\_\_\_\_ (Vendor) \_\_\_\_\_  
(Title) \_\_\_\_\_ (Cost) \_\_\_\_\_ (ISBN) \_\_\_\_\_ (Vendor) \_\_\_\_\_  
(Title) \_\_\_\_\_ (Cost) \_\_\_\_\_ (ISBN) \_\_\_\_\_ (Vendor) \_\_\_\_\_
8. Required Materials/Supplies:  Yes  No  
(Item) \_\_\_\_\_ (Cost) \_\_\_\_\_ (Vendor) \_\_\_\_\_  
(Item) \_\_\_\_\_ (Cost) \_\_\_\_\_ (Vendor) \_\_\_\_\_
9. Required Fees:  Yes  No  
(Item) \_\_\_\_\_ (Cost) \_\_\_\_\_ (Vendor) \_\_\_\_\_  
(Item) \_\_\_\_\_ (Cost) \_\_\_\_\_ (Vendor) \_\_\_\_\_
10. Prerequisites:  Yes  No  
\_\_\_\_\_  
\_\_\_\_\_
11. On-the-job Training required?  Yes  No How long? \_\_\_\_\_