



**Arizona Department of Education  
Empowerment Scholarship Account (ESA)  
Tutoring/Teaching Services Facility**

**Accreditation Attestation Form**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Tutor Name(s):

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

**By signing this form, I attest to the following:**

**For facilities/businesses that offer academic tutoring/teaching services:**

- The tutors named above have a high school diploma (or higher degree) from an accredited state, regional or national accrediting organization per A.R.S. §15-2402(B)(4)(d). In accordance with A.R.S. §1-701 homeschool diplomas will be accepted.

**For facilities/businesses that offer non-academic tutoring/teaching services:**

- The tutors named above have a high school diploma (or higher degree) or a certification in the area of instruction, from an accredited state, regional or national accrediting organization per A.R.S. §15-2402(B)(4)(d). In accordance with per A.R.S. §1-701 homeschool diplomas will be accepted.

Company Representative Printed Name: \_\_\_\_\_

Company Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_