



**Arizona Department of Education  
Empowerment Scholarship Account (ESA)  
Tutor/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 per 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: \_\_\_\_\_