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| **RECOGNITION OF A PROFESSIONAL DEVELOPMENT ACTIVITY** |
| **APPLICATION FORM TO MODIFY A CE ACTIVITY RECOGNIZED BY THE CSF**  **OR TO ADD OR REPLACE A TRAINER** |

This request to modify a continuing education activity (“CE activity”) already recognized by the [Chambre de la sécurité financière](https://www.chambresf.com/files/2022-03/pol-reconn-act-fco-20211202-vf-an.pdf) (“CSF”) involves:

The description of the CE activity, its duration, the number of related PDUs, its content (topics covered, objectives, etc.) as well as the method of evaluation used, if applicable

The addition or replacement of a trainer

The CE activity provider must send the following documents **by email** to [accreditation@chambresf.com](mailto:accreditation@chambresf.com) before **the CE activity is held again**:

* This application form

And if applicable:

* The resume or biography of the trainer(s)
* The summative evaluation (For all CE activities except in-person and co-modal CE activities)
* The training plan if the one presented in this form was not used

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|  | | **RECOGNITION NUMBER:** | CSF |  | |
| **Title of the CE activity** (As listed in the CSF confirmation of recognition): | | | |
| **identification of the provider** | | | |

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| Name of the provider: | | | | | | | | | | |
| Address: | | | | | | | | | | |
| City: | | | | Province: | | | | Postal code: | | |
| Phone: | | Ext.: | | | |  | | | | |
| Email: | | | | | Website URL: | | | | | |
| identification of the contact person (the person responsible for this request)  *The decision made about this request will be sent to this person.* | | | | | | | | |
| Ms. Mr. |
| First and last name: | | |  | | | |  | |
| Address: | | | | | | | | | |
| City: | | | Province: | | | | Postal code: | |
| Phone: | | | | | Ext.: | | | |
| Email: | | | | | | | | |

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| **Addition or replacement of a trainer** |

Please fill out for each trainer. If there are more than two trainers, you may attach a list of trainers to this application but make sure to include all the information required below.

**The list of trainers is attached to this application** (if applicable)

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| 1. Name of the trainer:   Are they a representative?  Yes. AMF certificate number:      /  No  Do they have a disciplinary record?  Yes /  No  One of these 2 documents is attached to this application:  Resume  Biography |
| 1. Name of the trainer:   Are they a representative?  Yes. AMF certificate number:      /  No  Do they have a disciplinary record?  Yes /  No  One of these 2 documents is attached to this application:  Resume  Biography |
| 1. Name of the trainer:   Are they a representative?  Yes. AMF certificate number:      /  No  Do they have a disciplinary record?  Yes /  No  One of these 2 documents is attached to this application:  Resume  Biography |

I, the undersigned, , confirm on behalf of the provider that the trainer(s) selected to lead the CE activity that is the subject of this application of modification have:

* The knowledge
* Experience required
* The ability to transmit their knowledge

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|  |  |  | Click here to choose a date |
| Signature of the contact person |  |  | Date |

**OR** I understand that checking this box constitutes a signature that has legal force.

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| **FULL DESCRIPTION OF THE MODIFICATIONS MADE** |

1. **Corresponding subject(s)**

Please check the corresponding subject(s)

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| 1. General subjects | | | |
| Management of a financial services firm  Civil Code  Accounting  Economics  Finance  Business planning for clients | Business planning for representatives  Financial planning  Tax planning  Actuarial sciences  Legislative environment  Intestate and testamentary successions | | |
| 1. Insurance of persons | | | |
| Client counselling  Underwriting or risk management  Disability insurance  Life insurance  Trusts  Risk management in insurance of persons  Underwriting in insurance of persons | Accident or health insurance plans  Segregated trusts  Strategy of wealth accumulation and use  Financial needs analysis  Deferred income plans  Investor profile and asset allocation  Investment strategy  Retirement and estate planning | | |
| 1. Group insurance of persons |  | | |
| Client counselling  Underwriting or risk management  Disability insurance  Life insurance  Group insurance and group pension plans  Benefits and underwriting in group insurance and group annuity program  Setting up a group insurance and group annuity program | Preparing a rate schedule and analyzing group insurance and group annuity quotes  Preparing a group insurance and group annuity recommendation  Public and private plans  Processing group insurance claims | | |
| 1. Mutual Funds |  | | |
| Client counselling  Underwriting or risk management  Retirement and estate planning  Trusts  Strategy of wealth accumulation and use  Deferred income plans | Mutual funds  Investor profile and asset allocation  Investment strategy  Knowing the client  Registered plans | | |
| 1. Scholarship plans |  | | |
| Client counselling  Underwriting or risk management  Investor profile | Knowing the client  Strategy of wealth accumulation and use  Scholarship plans | | |
| 1. Compliance with standards, ethics, and business conduct | |  | |
| Any structured activity that aims to improve a representative’s expertise in the subjects related to the laws, regulations, and ethics in insurance of persons, group insurance of persons, mutual funds, or scholarship plans may be recognized in this category.  *For informational purposes, here is a non-exhaustive list of subjects that may fall into this category:* | | |  |
| Ethics, standards of conduct and professional ethics  Code of ethics of the Chambre / Regulation respecting the rules of ethics in the securities sector  Decision of the disciplinary committee  Role of the syndic and inquiry process  Role of the disciplinary committee and disciplinary process  Compliance notions and programs | Legal and regulatory obligations of registrants  Legal and regulatory obligations of representatives  Laws and regulations concerning the practice of registrants and representatives  Other (specify): | | |

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| 1. **Professional knowledge, competencies, and skills**   *As per the Regulations respecting compulsory professional development, section 18 for the* [*CSF*](http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/D-9.2,%20r.%2013.1)*.*  Please **check** which professional knowledge, competencies, and skills the CE activity aims to improve:  Acquisition and betterment of an integrated approach to the pursuit of the activities for which the representatives hold an authorization to practice  Acquisition and application of knowledge and analysis methods specific to the activities of the representatives  Acquisition, comprehension, and application of theoretical and technical knowledge in subjects pertaining to the compliance with standards, ethics, and business conduct |
| **Please briefly explain** how this CE activity will develop the above (maximum 3 lines): |
| 1. **Training plan**   Please fill out the proposed training plan included at the end of this application form and list the topics and sub-topics as well as the time allocated to each and their related objective(s). You may also attach a training plan to your application and use the same information.  **Check**:  The proposed training plan was filled out  A training plan is attached to the application |
| 1. **Summative evaluation and learning activities** 2. **Summative evaluation**   *For all CE activities except in-person and co-modal CE activities, the summative evaluation* ***must*** *be included with this application. The following must also be provided:*   * The questions in the evaluation are difficult enough to determine if the person has participated in the CE activity in its entirety.  Yes /  No * The passing grade is: %.  1. **Only for e-learning CE activity - Participatory learning activities** (case studies, open-ended questions, closed-ended questions, drag and drop questions, multiple choice questions, true or false, etc.)  * How many learning activities does this CE activity include?      * What type of learning activities are included in this CE activity? |
| 1. **Control measure**   Please describe how attendance or participation was measured for all types of CE activity: |

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| **6. Allocation of PDUs** |

*Only completed hours will be recognized.*

Duration of the CE activity:    hour(s)

Number of professional development units (“PDUs”) requested:

Does this CE activity include information intended to promote specific financial products or services?  Yes, please specify how many minutes in total were dedicated to this promotion:      /  No

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| --- | --- | --- |
| CSF Subjects | Number of hours | Number of PDUs |
| General subjects |  |  |
| Insurance of persons |  |  |
| Group insurance of persons |  |  |
| Mutual funds |  |  |
| Scholarship plans |  |  |
| Compliance with standards, ethics, and business conduct |  |  |
|  | **TOTAL** |  |

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| **Declaration** | | |
| I, undersigned, first name, last name, on my behalf and on behalf of the provider:   * confirm that the information in this application and annexed documents is true and I accept all the conditions relating to the recognition of a CE activity * understand that unless it receives any missing information or documents requested within fifteen (15) business days following reception of this application for recognition, the CSF will cancel this application and no basic fees will be reimbursed * understand that this application or training may be subject to an audit by the CSF * consent to adhering to the CSF’s [Policy on compulsory professional development activities](https://www.chambresf.com/files/2022-03/pol-reconn-act-fco-20211202-vf-an.pdf) | | |
|  |  | Click here to choose a date. |
| Signature of the contact person |  | Date |

**OR**

I understand that checking this box constitutes a signature that has legal force.

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| **modified training plan** |

Please complete this training plan and list the topics and sub-topics addressed along with the time allocated to each one as well as the objectives in line with the subject. You may also attach a training plan as long as it includes all the information required below.

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| Provider |
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| Title of the CE activity |
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| General objective |
| *At the end of this CE activity, the participant will be able to…* |
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| **modified training plan (continued)** | | | | | |
| **Specific objectives**  *Describes what the participant will be able to do at the end of the CE activity. Includes an* ***action verb*** *describing observable behaviour.* **MANDATORY – Minimum of 2 specific objectives** | **ELEMENTS OF CONTENT**  *Subjects covered in line with each specific objective* | **Learning strategy and activity**  *Classroom: oral presentation, discussion, workshop, case study, exercises, etc.*  *Remote: lecture, video, quiz with feedback, interaction with the conference speaker, etc.* | **Learning material**  *PowerPoint, textbook, tools, workbook, video, etc.* | **Duration**  *Specify for each element of content* | **Subjects\***  **(please use the drop-down menu to select the abbreviation corresponding to each element of content)** |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF Choice |

**\*List and abbreviations of subjects:**

**CSF**: GS: General subjects; CO: Compliance with standards, ethics, or business conduct; IP: Insurance of persons; GIP: Group insurance of persons; MF: Mutual Funds; SP: Scholarship plans

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| --- | --- | --- | --- | --- | --- |
| **modified training plan (continued)** | | | | | |
| **Specific objectives**  *Describes what the participant will be able to do at the end of the CE activity. Includes an* ***action verb*** *describing observable behaviour.* **MANDATORY – Minimum of 2 specific objectives** | **ELEMENTS OF CONTENT**  *Subjects covered in line with each specific objective* | **Learning strategy and activity**  *Classroom: oral presentation, discussion, workshop, case study, exercises, etc.*  *Remote: lecture, video, quiz with feedback, interaction with the conference speaker, etc.* | **Learning material**  *PowerPoint, textbook, tools, workbook, video, etc.* | **Duration**  *Specify for each element of content* | **Subjects\***  **(please use the drop-down menu to select the abbreviation corresponding to each element of content)** |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF Choice |

**\*List and abbreviations of subjects:**

**CSF**: GS: General subjects; CO: Compliance with standards, ethics, or business conduct; IP: Insurance of persons; GIP: Group insurance of persons; MF: Mutual Funds; SP: Scholarship plans