LOGO
OF THE
PROVIDER

CERTIFICATE OF ATTENDANCE

[Name of the provider] certifies that

[FIRST AND LAST NAME OF THE REPRESENTATIVE]

[AMF certificate number]

attended this activity and complied with the participation and attendance rules as per the Policy on Compulsory Professional Development Activities of the Chambre de la sécurité financière

[TITLE OF THE ACTIVITY]

Held on [Date]

Led by [Name of the trainer]

IF AUTHORIZED CSF PDU

Recognition number: CSF00-00-00000
Number of PDUs/Subject: 0 PDUs in [Subject]

Signature of the person responsible for monitoring attendance   *Date of the signature*

_____   _____

[First and last name in block letters]   Signed on

Note to the provider: Please write on this certificate by which method the PDUs will be entered: "You must enter this activity in your PDU file." or "We will ensure this activity is entered in your PDU file."

The representative has a duty and responsibility to make sure that the PDUs are entered in their file before the end of the reference period and they must keep this certificate of attendance for 24 months after the end of the period in order to provide proof to the CSF upon request.