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| **APPLICATION FORM FOR RECOGNITION OF A PROFESSIONAL DEVELOPMENT ACTIVITY** |
| **BY A PROVIDER** |

For each training activity that is subject to a request, the provider must send the following documents **by email** to the [Chambre de la sécurité financière](https://www.chambresf.com/en/education/continuing-education-provider/policy-on-compulsory-professional-development-activities/) (“CSF”) or to the [Institut québécois de planification financière](https://www.iqpf.org/en/services-for-business) (“IQPF”):

* This form
* The resume or biography of the trainer(s)
* The summative evaluation (mandatory in the case of a remote training or pre-recorded webinar)
* The training plan if the one presented in this form is not used
* **For a joint request (CSF and IQPF)** – The IQPF requires the content of the activity and every document used (PowerPoint, PDF, workbook, etc.)
* The fee payment form
* Optional – The application for permission to use the logo confirming the recognition of an activity by the Chambre

**To apply for a joint recognition by the CSF and IQPF:**

* Check both organizations (**CSF and IQPF**) in the *“Request submitted to”* field below
* Send all the documents required by email to the CSF and the IQPF

CSF email address: [accreditation@chambresf.com](mailto:accreditation@chambresf.com)

IQPF email address: [accreditation@iqpf.org](mailto:accreditation@iqpf.org)

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| **Request submitted to:**  **CSF**  **CSF and IQPF** | ***If this activity has already been recognized, please enter its previous number:*** | | | |
| Previous recognition number: | | CSF |  |
| Previous recognition number: | IQPF | |  |
| **identification of the provider** | | | | |

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| Name of the provider: | | | | | |
| Address: | | | | | |
| City: | | Province: | | | Postal code: |
| Phone: | Ext.: | | | Fax: | |
| Email: | | | Website URL: | | |

**Type of organization**

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| Training organization | | | | Insurance of persons company | |
| Individual | | | | Group insurance of persons company | |
| Educational institution recognized by the [MÉQ](http://www.education.gouv.qc.ca/en/home/) | | | | Group savings brokerage firm | |
| Financial planning firm | | | | Scholarship plan brokerage firm | |
| Other (specify): | | | | | |
| identification of the contact person (individual responsible for this application)  *The decision 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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| **identification of the trainer(s)** |

**a) Trainer(s) listed at the time of the application of recognition**

Please fill out for each trainer. IF there are more than two trainers, attach a list with all the information required below.

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

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| 1. Company/organization:   Name of the trainer:  Address (if different from the provider’s address):  City:       Province:       Postal code:  Phone:       Email:  For an application to the CSF - Is this trainer a representative?  Yes. AMF certificate number:      /  No  For an application to the IQPF - Is this trainer a financial planner  Yes /  No  Do they have a disciplinary record?  Yes /  No  One of these 2 documents is attached to this application:  Resume  Biography  Brief description of the trainer’s experience and acquired knowledge, demonstrating they have the necessary competencies to lead this training activity (maximum 3 lines): |
| 1. Company/organization:   Name of the trainer:  Address (if different from the provider’s address):  City:       Province:       Postal code:  Phone:       Email:  For an application to the CSF - Is this trainer a representative?  Yes. AMF certificate number:      /  No  For an application to the IQPF - Is this trainer a financial planner  Yes /  No  Do they have a disciplinary record?  Yes /  No  One of these 2 documents is attached to this application:  Resume  Biography  Brief description of the trainer’s experience and acquired knowledge, demonstrating they have the necessary competencies to lead this training activity (maximum 3 lines): |

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

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

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

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

**b) If no trainer has been listed at the time of the application of recognition**

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| On my behalf and on behalf of the provider, I declare that no trainer has been found at this time and I understand that the activity will only be recognized when the CSF receives the information about the trainer(s) and only if it deems that this information demonstrates that the trainer(s) has the knowledge, experience, and ability to transmit their knowledge.   |  |  |  | | --- | --- | --- | |  |  | Click here to select 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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| **identification of the activity** |

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| Title and language of the activity  French:  English: |
| Date requested for the beginning of the recognition of this activity: Click to select a date  Training will be:  One-time or Recurring:  1 year or  2 years  Is this activity only offered to people in your organization?  Yes /  No |
| Additional information about the request to the iqpf  area where this activity is offered:  All  Abitibi-Est  Laval  Bas-Saint-Laurent-Gaspésie-Les-Îles  Manicouagan  Beauce-Amiante  Montreal  Drummond-Arthabaska  Outaouais  Duplessis  Quebec City  Eastern Townships  Richelieu-Longueuil  Grande-Mauricie  Rivière-du-Loup  Haute-Yamaska  Rouyn-Noranda  Lanaudière  Saguenay-Lac-Saint-Jean  Laurentians  Southwestern Quebec  Registration fee:  Yes – specify amount before taxes: $      /  No  Does this activity need to be listed on the IQPF’s website in the [IQPF Accredited Courses](https://www.iqpf.org/en/professional-development/iqpf-accredited-courses) section?  No /  Yes. If so, please provide a brief description of the activity. If your activity is bilingual, please provide the description in English as well.  In French:  In English:  Email address to display for people to contact to obtain more information about this activity (optional): |

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| level of difficulty |  |
| Beginner  Intermediary  Advanced | | |
| type of activity |  |
| Classroom training | |
| Symposium, conference, convention | |
| Live webinar | |
| Videoconference | |
| Distance training | |
| Pre-recorded webinar | |
| Other (specify): | |
| Target audience | | |
| Representative in insurance of persons | | |
| Representative in group insurance of persons | | |
| Mutual fund dealer representatives | | |
| Scholarship plan dealer representatives | | |
| Financial planner | | |

**CSF Subject(s) corresponding to the activity**

Please check the subject(s) corresponding to the activity.

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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 plans  Setting up a group insurance and group annuity plans | 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. Group savings plan brokerage |  | | |
| 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 plan brokerage |  | | |
| 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, groups savings plan brokerage, or scholarship plan brokerage may be recognized in this category.  *For informational purposes, here is a non-exhaustive list of subjects that may fall into this category:* | | |  |
| Notions of ethics, code of conduct, and professional ethics  Code of ethics of the Chambre / Regulation respecting the rules of ethics in the securities sector  Disciplinary committee’s jurisprudence  Role of the syndic and investigation 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): | | |

**Subject(s) corresponding to the activity**

Please check the subject(s) corresponding to the activity.

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| Legal aspects (SFPA)  Insurance (SFPA)  Finance (SFPA)  Taxation (SFPA)  Investment (SFPA)  Retirement (SFPA)  Estate planning (SFPA)  Compliance with standards, ethics, and business conduct (SC)  Business conduct related directly to financial planning (SC-FP) |

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| **full description of the activity** |

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| 1. **Professional knowledge, competencies, and skills**   *As per the Regulation respecting compulsory professional development, section 18 for the* [*CSF*](http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/D-9.2,%20r.%2013.1) *and section 16 for the* [*IQPF*](http://www.legisquebec.gouv.qc.ca/en/ShowDoc/cr/D-9.2,%20r.%2014.1)*.*  **For an application to the CSF -** Please **check** which professional knowledge, competencies, and skills the 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 activity will develop the above (maximum 3 lines):    **For an application to the IQPF -** Please **check** which professional knowledge, competencies, and skills the activity aims to improve:  Development and betterment of an integrated global view of personal financial planning  Acquisition, comprehension and application of theoretical and technical knowledge pertaining to the personal financial planning areas  Acquisition, comprehension and application of theoretical and technical knowledge pertaining to  compliance with standards, ethics and professional practice  **Please briefly explain** how this 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 distance training or a pre-recorded webinar, the summative evaluation* ***must*** *be attached to 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 training activity in its entirety.  Yes /  No * The passing grade is: %.  1. **Only for distance training - 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 activity include? * What type of learning activities are included in this activity? |
| 1. **control measure**   Please describe how attendance or participation was measured: |

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| **recognition requested** |

*Only completed hours will be recognized.*

Duration of the activity:    hour(s)

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

Does this 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

|  |  |  |
| --- | --- | --- |
| CSF Subjects | Number of hours | Number of PDUs |
| General subjects |  |  |
| Insurance of persons |  |  |
| Group insurance of persons |  |  |
| Group savings plan brokerage |  |  |
| Scholarship plan brokerage |  |  |
| Compliance with standards, ethics, and business conduct |  |  |
|  | TOTAL |  |
|  | | |
| IQPF Subjects | Number of hours | Number of PDUs |
| SFPA |  |  |
| SC |  |  |
| SC-FP |  |  |
|  | TOTAL |  |

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| **Declaration** | | |
| I, undersigned, first name, last name, as the contact person and individual responsible for this request:   * confirm that the information in this application and annexed documents is true and I accept all the conditions relating to the recognition of a training 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 or the IQPF will cancel this application and no basic fees will be reimbursed * understand that this application or activity may be the subject of an audit by the CSF or the IQPF * consent to adhering to the CSF’s [Policy on compulsory professional development activities](https://www.chambresf.com/en/education/continuing-education-provider/policy-on-compulsory-professional-development-activities/) and, if applicable, the [Accreditation procedure for providers](https://www.iqpf.org/docs/default-source/formulaires/procedure-accreditation-fournisseurs-ang.pdf) | | |
|  |  | Click to select 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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| **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 training activity |
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| General objective |
| *At the end of this activity, the participant will be able to…* |
|  |

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| --- | --- | --- | --- | --- | --- |
| **Training plan (continued)** | | | | | |
| **Specific objectives**  *Describes what the participant will be able to do at the end of the 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  IQPF choice |
|  |  |  |  |  | CSF choice  IQPF choice |
|  |  |  |  |  | CSF choice  IQPF 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; GSPB: Group savings plan brokerage; SPB: Scholarship plan brokerage **IQPF**: SC: Compliance with standards, ethics, and business conduct; SC-FP: Compliance with standards, ethics, and business conduct related directly to financial planning; SFPA: Legal aspects, insurance, finance, taxation, investments, retirements, and estate planning.

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| **Training plan (continued)** | | | | | |
| **Specific objectives**  *Describes what the participant will be able to do at the end of the 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  IQPF choice |
|  |  |  |  |  | CSF choice  IQPF choice |
|  |  |  |  |  | CSF choice  IQPF 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; GSPB: Group savings plan brokerage; SPB: Scholarship plan brokerage **IQPF**: SC: Compliance with standards, ethics, and business conduct; SC-FP: Compliance with standards, ethics, and business conduct related directly to financial planning; SFPA: Legal aspects, insurance, finance, taxation, investments, retirements, and estate planning.