

APPLICATION FORM FOR THE RECOGNITION OF PROFESSIONAL DEVELOPMENT UNITS ("PDUs")

CANADA-WIDE AGREEMENT

For representatives in insurance of persons or group insurance of persons who reside outside Quebec, certain continuing education ("CE") activities completed in their province can be recognized by the Chambre de l'assurance ("CDLA"). To do so, they must complete this form. Note that they must always comply with the requirements as set by the [Rules on mandatory continuing education for representatives in individual insurance and representatives in group insurance of persons](#). **Only the number of missing PDUs per subject, in their PDU file, will be granted to them.**

In addition to the form, the following documents must be provided:

Proof of permit:	confirming right to practice in the province of residence.
Proof of attendance certificates:	for all CE activities for which PDUs are being requested under this agreement.
Detailed CE activity content:	course plan, PowerPoint presentation or any other existing document detailing the content provided by the training provider, including the duration of each topic covered, or a hyperlink to detailed content published by the provider.

**Any incomplete or incorrectly completed request
will not be processed and will be returned to you.**

SECTION A: REPRESENTATIVE IDENTIFICATION

Last name: _____ First name: _____
AMF certificate #: _____
Phone / mobile: _____ Email: _____

DECLARATION OF THE REPRESENTATIVE

I declare that I have confirmed with the training providers that these courses are not already recognized by CDLA. I also hereby confirm that all the information provided on this form and attached documents are true.

Signature of the representative

Date

OR

I understand that checking this box constitutes a legally binding signature.

SECTION B: INFORMATION ABOUT THE CONTENT OF THE CE ACTIVITIES SUBMITTED

DIRECTIVES:

- For each activity submitted, **please fill out each column of the table below.**
- If you have more than five (5) CE activities to submit, please complete another form.

1.	Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved CDLA (PDUs granted)
	Content summary				

2.	Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved CDLA (PDUs granted)
	Content summary				

**Any incomplete or incorrectly completed request
will not be processed and will be returned to you.**

Please send this form and required documents to: info@chambresf.com

3.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved CDLA (PDUs granted)
Content summary				

4.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved CDLA (PDUs granted)
Content summary				

5.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved CDLA (PDUs granted)
Content summary				

Any incomplete or incorrectly completed request
will not be processed and will be returned to you.

Please send this form and required documents to: info@chambresf.com

RESERVED FOR CDLA'S ADMINISTRATION***** DO NOT FILL OUT THIS SECTION *******FICHE D'ANALYSE**

Date de réception de la demande complète :	
---	--

Commentaire d'analyse :

Traitement de la demande :	
Initiales :	
Analyste à la reconnaissance :	
Agent à l'information :	