Chambre de l'assurance

*No applicable fees*

# 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. The total number of hours required to complete the training activity must also be clearly indicated on the certificate or otherwise confirmed by the training provider. |
| ☐ | **Detailed CE activity content:** | course plan, PowerPoint presentation or any other existing document detailing the content of each activity submitted, including a link to the provider's official website or an official document issued 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.

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## 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** | | | | |
| | | | | |

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**Please send this form and required documents to**: info@chambreassurance.ca

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| 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 | | | | |
| | | | | | |

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**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 : | |