Chambre de l'assurance

No applicable fees

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

UNIVERSITY OR CEGEP / COLLEGE COURSE(S)

The Chambre de l'assurance ("CDLA") can proceed with the recognition of a university or college course completed in Quebec. Please note that the course analysis takes into account the subject matter and must meet the principles and criteria set out in the *Rules on mandatory education for representatives in individual insurance and representatives in group insurance of persons*.

In addition to this form, you must attach these documents:

☐	**If you're a student:**	**Detailed course syllabus** and **university transcript** confirming you have passed the course
☐	**If you're a teacher or lecturer:**	**Detailed course syllabus** and **work contract** including sessions required for the course

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

SECTION A: APPLICANT IDENTIFICATION

You are making this request as a: ☐ Student ☐ Teacher / Lecturer

Last name: _____ First name: _____

AMF certificate #: _____

Phone / mobile: _____ Email: _____

DECLARATION OF THE APPLICANT

I hereby confirm that all the information provided on this form and attached documents is true.

_____ _____

Signature of the applicant Date

OR

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

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SECTION B: INFORMATION ABOUT THE PDU RECOGNITION REQUEST

Type of course: ☐ University ☐ CEGEP / college

Course title: _____

Semester: _____ Year: _____

Course code: _____

University / CEGEP attended: _____

Number of PDUs recognized per university or CEGEP credit:

1 credit = 30 PDUs
2 credits = 60 PDUs
3 credits = 90 PDUs

DIRECTIVES: Please fill in this table by specifying for which subject(s) you are applying and for how many PDUs in each of the subjects pertaining to the course(s) completed.

Subject(s) considered by the CDLA	Number of PDUs requested	Reserved CDLA PDUs recognized
General subjects		
Insurance of persons		
Groupe insurance of persons		
Compliance with standards, ethics, and business conduct		

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SECTION C: INFORMATION ON COURSE CONTENT

DIRECTIVES:

- Please fill out **each column in the table below.**
- The analysis of your request will allow us to determine how many PDUs will be allocated per subject according to the course content.

General objective	Specific objectives (at least 2) *Please list them as presented in the course syllabus*	Number of credits

Reminder: you must attach these documents:

☐	**If you're a student:**	**Detailed course syllabus** and **university transcript** confirming you have passed the course
☐	**If you're a teacher or lecturer:**	**Detailed course syllabus** and **work contract** including sessions required for the course

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

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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 :	