Chambre de la sécurité financière

No applicable fees

REQUEST FOR PDUs

CANADA-WIDE AGREEMENT

For residents outside Quebec, we recognize some of your continuing education ("CE") activities completed in your province. To do so, you must complete this form. Note that you must always meet the requirements as set by the *Regulation of the Chambre de la sécurité financière respecting compulsory professional development.* **Only the number of PDUs missing per subject, in your PDU file, will be granted to you.**

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

☐	**Copy of your permit:**	attesting to your right to practice elsewhere in Canada
☐	**Copy of attendance certificates:**	for all the CE activities for which you are requesting PDUs
☐	**Detailed CE activity content:**	course plan, or PowerPoint presentation or any other existing document detailing the content

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 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 ABOUTTHE CONTENT OF THE CE ACTIVITIES SUBMITTED

DIRECTIVES:

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

1.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved (PDUs granted)
			GS-general subject	
Content summary				

2.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved (PDUs granted)
			GS-general subject	
Content summary				

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

SAVE THIS FORM

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

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3.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved (PDUs granted)
			GS-general subject	
Content summary				

4.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved (PDUs granted)
			GS-general subject	
Content summary				

5.

Activity title	Completion date	Number of PDUs requested	Subject (selection list)	Reserved (PDUs granted)
			GS-general subject	
Content summary				

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SAVE THIS FORM

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RESERVED FOR 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-conseil de la DDPQP :	
Agent de la DISM :	