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| **APPLICATION FORM FOR RECOGNITION OF A PROFESSIONAL DEVELOPMENT ACTIVITY** |
| **INDIVIDUAL (BY A REPRESENTATIVE)**  |

A representative who wants to obtain PDUs on an individual basis for a professional development activity (“CE activity”) must send the following documents **by email** to the Chambre de la sécurité financière (“CSF”) at accreditation@chambresf.com:

* This application form
* The resume or biography of the trainer(s)
* The summative evaluation (for all CE activities except in-person and co-modal activities)
* The training plan if the one presented in this form was not used
* The certificate of attendance

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| identification of the representative |
| [ ]  Ms.[ ]  Mr. |
| First and last name       | AMF certificate number:       |
| Address:       |
| City:       | Province:       | Postal code:        |
| Phone:       | Ext.:       |
| Email:       |

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| **identification of the trainer** |

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| 1. Name of the trainer:

Are they a representative? [ ]  Yes. AMF certificate number:      / [ ]  No Do they have a disciplinary record? [ ]  Yes / [ ]  NoOne of these 2 documents is attached to this application: [ ]  Resume [ ]  Biography |
| 1. Name of the trainer:

Are they a representative? [ ]  Yes. AMF certificate number:      / [ ]  No Do they have a disciplinary record? [ ]  Yes / [ ]  NoOne of these 2 documents is attached to this application: [ ]  Resume [ ]  Biography |

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| **identification of the continuing education activity** |

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| Title and language of the CE activity[ ]  English:      [ ]  French:       |
| Date of the CE activity: Click to select a date |
| level of difficulty |  |
| [ ]  Beginner [ ]  Intermediary [ ]  Advanced |
| Type of CE activity |  |
| [ ]  Classroom course |
| [ ]  Symposium, conference, convention |
| [ ]  Live webinar |
| [ ]  Videoconference |
| [ ]  Pre-recorded webinar |
| [ ]  Podcast |
| [ ]  E-learning course |
| [ ]  Reading material |
| [ ]  Co-modal |
| [ ]  Other (specify):       |

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

Please check the subject(s) corresponding to the CE 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
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| [ ]  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
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| [ ]  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 program[ ]  Setting up a group insurance and group annuity program | [ ]  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. Mutual Funds
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| [ ]  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 plans
 |  |
| [ ]  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
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| Any structured CE 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, mutual funds, or scholarship plans may be recognized in this category.*For informational purposes, here is a non-exhaustive list of subjects that may fall into this category:* |  |
| [ ]  Ethics, standards of conduct and professional ethics[ ]  Code of ethics of the Chambre / Regulation respecting the rules of ethics in the securities sector[ ]  Decisions of the disciplinary committee[ ]  Role of the syndic and inquiry process[ ]  Role of the disciplinary committee and disciplinary process[ ]  Notions and compliance 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):  |

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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%2C%20r.%2013.1)*.*Please **check** which professional knowledge, competencies, and skills the CE 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 CE 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 all continuing education activities except in-person and co-modal CE activities, 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 CE activity in its entirety. [ ]  Yes / [ ]  No
* The passing grade is: %.
1. **Only for e-learning CE activity - Participatory learning activities** (case studies, open-ended questions, closed-ended questions, drag and drop questions, multiple choice questions, true or false, etc.)
* What type of learning activities are included in this CE activity?

* How many learning activities does this CE activity include?
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| 1. **Control measure**

Please describe how attendance or participation was measured for all types of CE activity: |

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| **Recognition requested** |

*Only completed hours will be recognized.*

Duration of the CE activity:    hour(s)

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

Does this CE 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

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| CSF Subjects | Number of hours | Number of PDUs |
| [ ]  General subjects |    |    |
| [ ]  Insurance of persons |    |    |
| [ ]  Group insurance of persons |    |    |
| [ ]  Mutual Funds |    |    |
| [ ]  Scholarship plans |    |    |
| [ ]  Compliance with standards, ethics, and business conduct |    |    |
|  | TOTAL |    |

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| **Declaration** |
| * I 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
* I 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 will cancel this application and no basic fees will be reimbursed
* I consent to adhering to the CSF’s [Policy on compulsory professional development activities](http://www.chambresf.com/files/2022-03/pol-reconn-act-fco-20211202-vf-an.pdf)
 |
|  |  | Click here to choose a date. |
| Signature of the representative |  | 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 CE activity |
|       |

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| General objective |
| *At the end of this CE 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 CE 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 |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF 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; MF: Mutual funds; SP: Scholarship plans

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| **Training plan (continued)** |
| **Specific objectives***Describes what the participant will be able to do at the end of the CE 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 |
|  |  |  |  |  | CSF Choice |
|  |  |  |  |  | CSF Choice |

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**CSF**: GS: General subjects; CO: Compliance with standards, ethics, or business conduct; IP: Insurance of persons; GIP: Group insurance of persons; MF: Mutual funds; SP: Scholarship plans