**APPLICATION FORM TO REQUEST PROFESSIONAL DEVELOPMENT UNITS
CANADA-WIDE AGREEMENT**

As per an agreement between the Canadian Insurance Services Regulatory Organizations (CISRO), the professional development activity you have attended in another Canadian province may be recognized. To receive PDUs, please fill out 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. **No applicable fees.**

**In addition to this form, you must also submit these documents:**

|  |  |
| --- | --- |
|  | [ ]  A copy of the certificate attesting your right to practice in another Canadian province |
|  | [ ]  Proof of your attendance to the professional development activities for which you are requesting PDUs |

**SECTION A: IDENTIFICATION OF THE REPRESENTATIVE**

**Last name:** Click here to enter text **First name:** Click here to enter text

**AMF certificate number:** Click here to enter text

**Phone:** Click here to enter text **Email:** Click here to enter text

**SECTION B: INFORMATION ABOUT THE PDUs REQUESTED**

**DIRECTIVE:** Please enter the total number of PDUs requested per subject.

|  |  |
| --- | --- |
| **SUBJECTS CONSIDERED BY THE CSF** | **NUMBER OF PDUs REQUESTED PER SUBJECT** |
| General subjects | Choose an amount |
| Insurance of persons | Choose an amount |
| Group insurance of persons | Choose an element |
| Group savings plan brokerage | Choose an amount |
| Scholarship plan brokerage | Choose an amount |
| Compliance with standards, ethics, and business conduct | Choose an amount |
| **Total number of PDUs requested:** | **Click here to enter the amount** |

|  |
| --- |
| **SECTION C: INFORMATION ABOUT THE CONTENT OF THE ACTIVITIES SUBMITTED** |
| **DIRECTIVE:** For every activity submitted, please fill out each section of the table below. If you are submitting more than 3 activities, fill out this page as many times as  needed. Any application that is incomplete or incorrectly filled out will not be processed and will be returned to you. **Only the number of missing PDUs in your file will be allocated per subject.** |
| **Title of the activity**Please list the title of each activity for which you are requesting PDUs | **Summary of the content**Specify the elements of the content demonstrating the subject requested for the activityAdditional documents may be requested | **Date of completion***dd/mm/yyyy* | **Number****of PDUs requested** | **Subject****(Legend\*)** | **Required** **proof** **attached** |
| Click here to enter text. |  Click here to enter text. | Click here to select a date | Select an element | Select an element |[ ]
| Click here to enter text. | Click here to enter text. | Click here to select a date | Select an element | Select an element |[ ]
| Click here to enter text. | Click here to enter text. | Click here to select a date | Select an element | Select an element |[ ]
| \***LEGEND:** **GS**: General subjects; **CO**: Compliance; **IP**: Insurance of persons; **GIP**: Group insurance of persons; **GSPB**: Group savings plan brokerage; **SPB**: Scholarship plan brokerage |

**DECLARATION OF THE REPRESENTATIVE**

I confirm that the information in this application is true.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Click here to select a date |
| Signature of the representative |  |  | Date |

**OR**[ ]  I understand that checking this box constitutes a signature that has legal force.

**SEND THIS COMPLETED APPLICATION AND THE REQUIRED DOCUMENTS TO** **INFO@CHAMBRESF.COM**

**APPLICATION FORM TO REQUEST PROFESSIONAL DEVELOPMENT UNITES - CANADA-WIDE AGREEMENT**

**RESERVED FOR CSF’S ADMINISTRATION– DO NOT FILL OUT THIS SECTION**

**FICHE D’ANALYSE**

Nom : Cliquez ici pour entrer du texte. Prénom : Cliquez ici pour entrer du texte.

No certificat AMF : **Cliquez ici pour entrer du texte.**

Date de réception de la demande complète : Cliquez ici pour choisir une date

**Dossier du membre :**

|  |  |
| --- | --- |
| **Matière** | **UFC** |
| **Demandées** | **Manquantes** | **Accordées** |
| Matière générale | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| Conformité | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| Assurance de personnes | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| Assurance collective | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| Courtage en épargne collective | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |
| Courtage en plans de bourses d’études | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. | Cliquez ici pour entrer du texte. |

**Commentaire d’analyse :**

**TRAITEMENT DE LA DEMANDE**

**Initiales :** Cliquez ici pour entrer du texte.

Technicien d’analyse de la DDPQP :Cliquez ici pour entrer du texte.

Agent de la DISM :Cliquez ici pour entrer du texte.