# **APPENDIX 1**



# Application for recognition of a professionnal development activity - For individuals

Please email the following documents to the Institute of Financial Planning (the Institute) for each course for which you want recognition:

- This form
- → Syllabus, if it is a university course
- → Attendance record or transcript

Email address for the Institute: accreditation@institutpf.org

### **IDENTIFICATION OF APPLICANT** Identification no. Name Telephone number **Email address** INFORMATION ABOUT THE PROFESSIONAL **DEVELOPMENT ACTIVITY** Title of activity: Activity provider: Instructor: O Yes Is the instructor a financial planner? ON C O Don't know O N/A Professional bio of instructor (if you do not have this information, please specify) Date activity was completed, including

exam (yyyy-mm-dd)

Type of activity:					
O Classroom course		○ Webinar			
O Colloquium, conferen	ce, convention	O Videoconference			
O Distance education					
Difficulty level:	O Beginner	O Intermediate	<ul><li>Advanced</li></ul>		
Subject matter(s)					
(SC-FP)  COMPLETE DI  1. Knowledge, complete lidentify the knowledge	ESCRIPTION  Detencies and profes e, competencies, and develops them (refer to	OF ACTIVITY essional skills	pecifically to financial planning he activity develops and ulation respecting		
2. Method of evalua	tion				
If this is a distance education or online training activity, describe the summative evaluation and the result required to pass the activity.					

### 3. Course outline

Complete the attached course outline (Appendix 1A) by listing the topics and subtopics covered, with the time allotted to each and the related objective(s). You can also create your course outline using the same information.

### REQUESTED RECOGNITION

Total activity duration (minimum 1 hr)		Hr
No observation of the desired desired of the ADDITION of the A		
Number of professional development units (PDUs) requested		
Does this course contain information to promote specific f	inancial products	or services?
O Yes. How many hours or minutes?	O No	
	·	
Institute of Financial Planning (IQPF) subjects	Number of hours	Number of PDUs
O SFPA		
O SC		
O SC-FP		
	Total	
Statement		
,, confirm that all the information	provided in this f	form is true, and I a
conditions related to the recognition of the training activity.		
Date:		
O I understand that checking this box constitutes a legally bind	ing signature.	
O I chose to fill in this form in English		

## **APPENDIX 1A: COURSE OUTLINE**

Title of activity:

Complete this course outline by listing all topics and subtopics covered, with the time allotted for each and the related objective(s). You can also create your course outline using the same information.

General objective:					
By the end of the training activity participant will be able to	ty, the				
Specific objectives States what the participant will be able to do at the end of the training activity. Contains an action verb describing an observable behaviour	Elements of content <u>Topics addressed</u> by the training activity with respect to the specific objective	Learning strategy e.g., lecture, practical exercises, group discussion, team workshop, case studies, etc.	Teaching material e.g., PowerPoint, textbook, tools, exercise book, etc.	Time spent on each topic	Subjects Institute of Financial Planning (IQPF)*

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<sup>\*</sup>Subject list and abbreviations:

SC: Training in compliance with standards, ethics and professional practice SC-FP: Training in compliance with standards, ethics and professional practice related specifically to financial planning SFPA: Legal aspects, insurance, finance, taxation, investment, retirement, and estates.

### **INSTITUTE OF FINANCIAL PLANNING**

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Institutefp.org

