

APPLICATION FOR RECOGNITION OF PROFESSIONAL DEVELOPMENT PROVIDER STATUS

Beginning May 24, 2017, the *Regulation Respecting the Compulsory Professional Development of Financial Planners* (the *Regulation*) introduces recognized professional development provider status. Recognized providers enjoy general recognition of all the training activities they offer that comply with the *Regulation*.

The course provider must email this form and declaration, duly completed, to the Institute of Financial Planning (the Institute).

Institute email address: accreditation@institutpf.org

IDENTIFICATION OF THE PROVIDER

Name of provider:	
Address:	
City:	
Province:	
Postal code:	
Phone no.:	
Fax no.:	
Email address:	
Website:	

IDENTIFICATION OF THE RESOURCE PERSON

First name:	
Last name:	
Address (if different from provider):	
City:	
Province:	
Postal code:	
Phone no.:	
Fax no.:	
Email address:	

TYPE OF PROVIDER

- Public organization
- Self-regulatory body
- Professional order
- Association

DESCRIPTION OF ACTIVITY SECTORS

INFORMATION ABOUT PROFESSIONAL DEVELOPMENT ACTIVITIES

How many professional development activities are projected for the recognition period? (e.g. 10, 20, 35, etc.)	
What is the estimated duration of these activities during the recognition period? (e.g. 50 hours)	
How many professional development units (PDUs) are planned for each category?	SFPA: SC: SC-FP:
Date of first activity (yyyy-mm-dd)	

SC: Compliance with standards, ethics, and professional practice

SC-FP: Compliance with standards, ethics, and professional practice related directly to financial planning

SFPA: Legal aspects, insurance, finance, taxation, investments, retirement and estates

DECLARATION OF PROVIDERS PROFESSIONAL DEVELOPMENT ACTIVITIES

- I am a public organization, a self-regulatory body, a professional order or an association dedicated to the advancement and dissemination of the knowledge of its members and the improvement of their competencies in one of the financial planning areas.
- In the last five years preceding this application for recognition, I have offered professional development activities recognized by the Institute and, if applicable, upheld the Institute's decisions concerning the recognition of professional development activities set out in Division III of the *Regulation*.
- I undertake to ensure that the professional development activities, the pedagogical framework for the activities and the learning materials used are suitable to develop the skills and competencies described in Section 16 of the *Regulation*.
- I undertake to ensure that the education or professional experience of the instructors is related to the professional development activities offered.

UNDERTAKING OF THE APPLICANT

I undertake to meet the following requirements:

- Ensure that the content of the professional development activities and the learning materials related to these activities allow for the development of the knowledge, skills and competencies described in Section 16 of the *Regulation*.
- Answer the Institute's requests for information within the time it sets, including information to assess the attainment of the training objectives set out in the *Regulation*.
- Give the Institute, no more than 30 days after the end of the reference period, a report describing all the professional development activities offered during that period and a declaration stating I have met the requirements of paragraphs 1 and 3 of the *Regulation*.
- For 24 months following the submission of the report described in the *Regulation*, keep all documentation related to every professional

development activity, including the learning materials and promotional materials, if any, and the proofs of attendance issued to the participants who took part in the activities.

- Inform the Institute of any change in any of the items listed in Division 11.1 of the *Regulation*.

UNDERTAKING FOR PAYMENT

Please indicate the total number of hours of instruction that will be offered in the reference period for this application. The payment must be made no more than 30 days after recognized provider status is granted.

Recognized providers may, at any time during the reference period, choose to offer more courses. In this case, the rate will be adjusted based on the established rate grid. It will not be possible to switch to a lower rate bracket.

- From 1 to 50 hours: \$3,000 + taxes
- From 51 to 100 hours: \$6,000 + taxes
- From 101 to 150 hours: \$8,900 + taxes
- From 151 to 200 hours: \$11,700 + taxes
- From 201 to 250 hours: \$14,400 + taxes
- From 251 or more: \$16,900 + taxes

Federal tax: 128798345

Provincial tax: 1012743811TQ0001

DECLARATION

I, _____, have read and understood the duties and obligations of recognized providers and I undertake to uphold them.

I, _____, confirm that all the information provided in this form is true and I accept all conditions related to the status of recognized provider.

I, _____, undertake to pay the fee for recognized provider status within 30 days of receiving the invoice.

Name: _____

Date: _____

- I understand that checking this box constitutes a legally binding signature.
- I chose to fill in this form in English.

INSTITUTE OF FINANCIAL PLANNING

3 Place du Commerce, Suite 501
Île-des-Sœurs, Verdun (Québec) H3E 1H7
Telephone: 514-767-4040/1-800-640-4050
Email: info@institutpf.org

institutefp.org

