APPENDIX 1

APPLICATION FOR RECOGNITION OF A PROFESSIONAL DEVELOPMENT ACTIVITY   
FOR suppliers

The course supplier must send the following documents by email to the Chambre de la sécurité financière (CSF) or the Institut québécois de planification financière (IQPF) for every course targeted by the recognition application:

* This form and its appendices duly completed
* The trainers’ career résumé
* The summative evaluation (for all CE activities except in-person and co-modal CE activities)
* The course outline if the one at the end of this form is not used
* The course contents: all documents related to the content of the course (PowerPoint, PDF, workbook, etc.)
* Optional – the application form for authorization to use the logo confirming CSF recognition of the professional development activity

If you wish to fill out a common form for the CSF and the IQPF:

* Check both organizations in the “Application filed with” field
* **Email** all required documents to the CSF and the IQPF

**Email address for the CSF:** [accreditation@chambresf.com](mailto:accreditation@chambresf.com)

**Email address for the IQPF:**  [accreditation@iqpf.org](mailto:%20accreditation@iqpf.org)

|  |  |  |
| --- | --- | --- |
| **Application filed with:** | If the activity has been recognized in the past, please enter the old number: | |
| CSF | CSF recognition no.: | CSF  -  - |
| IQPF | IQPF recognition no.: | IQPF  -  -    - |

Course supplier identification

|  |  |
| --- | --- |
| Name of course supplier: |  |
| Address: |  |
| City: | Province:       Postal code: |
| Telephone number: | Fax number: |
| Email address: | Website address: |

Type of organization

|  |  |
| --- | --- |
| Training organization | Independent course supplier (individual) |
| Educational institution recognized by the Ministère de l’Éducation, du Loisir et du Sport du Québec (MÉQ) (university, cégep or other) | |
| Personal insurance company | Scholarship plans dealer |
| Group insurance company | Financial planning firm |
| Mutual fund dealer | Other, specify: |

Identification of resource person

|  |  |  |
| --- | --- | --- |
| Ms.  Mr. | | |
| First name: |  |
| Last name: |  |
| Address (if different from course supplier): |  |
| City: | Province:       Postal code: |
| Telephone number: | Extension: |
| Email address: |  |

Identification of trainer(s)

To be filled out for as many trainers as applicable (attach a document if there are more than three trainers)

**The list of trainers is attached to this application** (if applicable)

|  |  |  |
| --- | --- | --- |
| **1. Name of trainer**: |  | |
| Company or organization: |  | |
| Address (if different from course supplier): |  | |
| City: | Province:       Postal code: | |
| Telephone number: |  | |
| Email address: |  | |
| For applications filed with the IQPF, please specify whether your trainer is a financial planner: | | Yes  No | |
| For applications filed with the CSF, please specify whether your trainer is a representative: | | Yes  No  AMF certificate no.: | |
| Does the trainer have a disciplinary file? | | Yes  No | |
| One of these 2 documents is appended:  Career résumé  Biography  Brief description of the trainer’s experience and acquired knowledge demonstrating the knowledge required to give this course (maximum 3 lines): | | | |

|  |  |  |
| --- | --- | --- |
| **2. Name of trainer**: |  | |
| Company or organization: |  | |
| Address (if different from course supplier): |  | |
| City: | Province:       Postal code: | |
| Telephone number: |  | |
| Email address: |  | |
| For applications filed with the IQPF, please specify whether your trainer is a financial planner: | | Yes  No |
| For applications filed with the CSF, please specify whether your trainer is a representative: | | Yes  No  AMF certificate no.: |
| Does the trainer have a disciplinary file? | | Yes  No |
| One of these 2 documents is appended:  Career résumé  Biography  Brief description of the trainer’s experience and acquired knowledge demonstrating the knowledge required to give this course (maximum 3 lines): | | |
| |  |  |  | | --- | --- | --- | | **3. Name of trainer**: |  | | | Company or organization: |  | | | Address (if different from course supplier): |  | | | City: | Province:       Postal code: | | | Telephone number: |  | | | Email address: |  | | | For applications filed with the IQPF, please specify whether your trainer is a financial planner: | | Yes  No | | | For applications filed with the CSF, please specify whether your trainer is a representative: | | Yes  No  AMF certificate no.: | | | Does the trainer have a disciplinary file? | | Yes  No | | | One of these 2 documents is appended:  Career résumé  Biography  Brief description of the trainer’s experience and acquired knowledge demonstrating the knowledge required to give this course (maximum 3 lines): | | | | | | | |

By completing this section, you confirm that the trainer chosen to offer the training activity for which you are applying for recognition has:

* The related knowledge
* The required experience
* The capacity to transmit the knowledge

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |

I understand that selecting this check box constitutes my legally binding signature.

**Trainer not determined at the time of application**

I declare in my own name and on behalf of the course supplier that no trainer has been determined at the time of this application, and I understand that recognition for this course will only be granted once the CSF and the IQPF have received the information about the trainer(s) and have deemed that it has been demonstrated that the trainer(s) have the knowledge and experience required and the capacity to transmit that knowledge.

|  |  |
| --- | --- |
| Name: |  |
| Date: |  |

I understand that selecting this check box constitutes my legally binding signature.

Identification of the professional development activity

|  |  |  |
| --- | --- | --- |
| Activity title in French: |  | |
| Activity title in English: |  | |
| When would you like the recognition of your training activity to start (yyyy-mm-dd): | Click or press here to enter a date. | |
| Your training activity is offered in: | French  English | |
| Has your course been recognized or will it be recognized by other organizations? | Yes | No |
| If so, which ones? |  | |
| Is the training activity being offered: | Once Multiple  1 year  2 years | |
| Is this training activity only offered to people who are part of your organization? | Yes | No |
| Regions where the activity is being offered |  | |
| **All**  Eastern Abitibi  Lower St. Lawrence, Gaspé Peninsula and Magdalen Islands  Beauce-Amiante  Drummond-Athabaska  Duplessis  Eastern Townships  Grande-Mauricie  Haute-Yamaska  Lanaudière  Laurentians | Laval  Manicouagan Manicouagan »  Montréal  Outaouais  Québec City  Richelieu-Longueuil  Rivière-du-Loup  Rouyn-Noranda  Saguenay-Lac-Saint-Jean  Southwestern Québec | |
| Is there a registration fee? | Yes | No |
| If so, how much (before taxes)? | $ | |

Brief description of the training activity:

|  |  |  |
| --- | --- | --- |
| Would you like the activity to be listed on the IQPF website? | Yes | No |
| If so, please supply us with a brief description. If your activity is bilingual, you must also provide us with a French version. | | |
| Description of the activity in French: |  | |
| Description of the activity in English: |  | |
| If you would like us to post a contact email address on our website with the description of your course, please enter it here: |  | |

Type of activity:

|  |  |
| --- | --- |
| Classroom course  Symposium, lecture, convention  Distance education course (E-learning course)  Live Webinar  Offline Webinar | Videoconference  Podcast  Reading material  Co-modal  Other (specify): |

Target audience:

|  |
| --- |
| Life and health insurance representatives |
| Group life and health insurance representatives |
| Group savings brokerage firm representatives |
| Scholarship plan brokerage firm representatives |
| Financial planners |

Difficulty level:

|  |  |  |
| --- | --- | --- |
| Beginner | Intermediate | Advanced |

Targeted subject(s) for the CSF   
Check the subject(s) addressed in your training activity.

|  |  |
| --- | --- |
| 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 science  Legal environment  Intestate and testamentary successions |
| 1. **Insurance of persons** |  |
| Client counselling  Underwriting or risk management  Disability insurance  Life insurance  Trusts  Risk management in personal insurance  Underwriting in personal insurance  Accident or health insurance plans | Segregated funds  Strategy of wealth accumulation and use  Financial needs analysis  Deferred income plan  Investor profiles and asset allocation  Investment strategy  Retirement and estate planning |
| 1. **Group insurance of persons** |  |
| 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** |  |
| Client counselling  Underwriting or risk management  Retirement and estate planning  Trusts  Strategy of wealth accumulation and use  Deferred income plan | 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 professional practice**   Any structured course to improve expertise in matters pertaining to the laws, regulations and professional ethics related to personal insurance, group insurance, group savings brokerage or scholarship plans may be recognized under 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: |

Targeted subjects for the IQPF

|  |
| --- |
| Legal aspects (SFPA)  Insurance (SFPA)  Finance (SFPA)  Taxation (SFPA)  Investment (SFPA)  Retirement (SFPA)  Estate planning (SFPA)  Training in compliance with standards, ethics and professional practice (SC)  Training in compliance with standards, ethics and professional practice related specifically to financial planning (SC-FP) |

Complete activity description

|  |
| --- |
| 1. **Knowledge, competencies and professional skills**   *In reference to the Regulation respecting compulsory professional development, section 18 for the* [*CSF*](http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/D-9.2,%20r.%2013.1) *and section 16 for the* [*IQPF*](http://legisquebec.gouv.qc.ca/en/ShowDoc/cr/D-9.2,%20r.%2014.1)*.*  **Check** the knowledge, competencies and professional skills that the course develops for the CSF:  Acquisition and betterment of an integrated approach to the pursuit of the activities for which the representatives hold an authorization to practise  Acquisition and application of knowledge and analysis methods specific to the activities of representatives  Acquisition, comprehension and application of theoretical and technical knowledge in subjects pertaining to compliance with standards, ethics and business conduct  **Check** the knowledge, competencies and professional skills that the course develops for the IQPF:  Development and betterment of an integrated global view of personal financial planning  Acquisition, comprehension and application of theoretical and technical knowledge pertaining to the personal financial planning areas  Acquisition, comprehension and application of theoretical and technical knowledge pertaining to compliance with standards, ethics and professional practice |
| **Briefly explain** how this course will develop them (maximum 3 lines): |
| 1. **Method of assessment:** |
| 1. **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 information must also be provided:* |
| * The level of difficulty of the evaluation questions is high enough to establish whether the learner has taken the entire course.  Yes /  No |
| * The passing grade is:  %. |
| 1. **Participatory learning activities** (case studies, open questions, directed questions, drag-and-drop questions, multiple-choice questions, true or false, etc.) |
| * What kinds of learning activities are used in this course? |
|  |
| * How many learning activities are used in this course? |
|  |
| 1. **Control mechanism** |
| Describe the attendance or participation control mechanism for all types of activity (maximum 2 lines): |
|  |

|  |  |  |
| --- | --- | --- |
| 1. **Course outline:**   Fill out the attached course outline (Appendix 1A), listing every topic and subtopic addressed, as well as the time breakdown for each and the objective(s) related to the topic. You may also create your own course outline using the same information.   |  |  | | --- | --- | | **Check**:  The proposed course outline was completed | A course outline is appended | |

Requested recognition

|  |  |  |  |
| --- | --- | --- | --- |
| Total activity duration (minimum 1 hr): | | hr | |
| Number of professional development units (PDUs) requested: | |  | |
| Does this course contain information to promote specific financial products of services | | | |
| Yes. How many hours or minutes? | No | | |
| **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** | | |  |
| **IQPF subjects** | | **Number of hours** | **Number of PDUs** |
| SFPA | |  |  |
| SC | |  |  |
| SC-FP | |  |  |
| **Total** | | |  |

Statement

|  |  |
| --- | --- |
| I,      , confirm that all the information supplied in the present form is true and that I agree with every condition respecting training activity recognition. | |
| I,      , understand that unless the CSF or the IQPF receives all the information or missing documents requested within fifteen (15) business days after receipt of this application, the application will be cancelled with no reimbursement of the basic fee. | |
| I,      , understand that this application or form may be audited by the CSF or the IQPF. | |
| I,      , undertake to comply with the [CSF Policy on Compulsory Professional Development Activities](https://www.chambresf.com/en/education/continuing-education-provider/policy-on-compulsory-professional-development-activities/) and the [IQPF Recognition Procedure](https://www.iqpf.org/en/resources/tools-and-forms). | |
| Date: |  |
| I understand that checking this box constitutes my legally binding signature. | |

APPENDIX 1A: TRAINING PLAN

Fill out this training plan by listing every topic and subtopic addressed, as well as the time breakdown for each and the objective(s) related to the topic. You may also create your own course outline with the same information.

|  |  |
| --- | --- |
| **Activity title:** |  |
| **General objective:**  *At the end of the training activity, the participant will be able to…* |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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*  ***(Compulsory – Minimum of 2 specific objectives)*** | **Elements of content**  ***Topics addressed*** *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.* | **Duration**  *For each element of content* | **Subjects\***  ***(Choose the corresponding abbreviation\* from the dropdown menu)*** |
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**\*Subject list and abbreviations:**

**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

**IQPF**

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: Law, insurance, finance, taxation, investment, retirement and estates.