Chambre de la sécurité financière

IQPF Institut québécois de planification financière

APPLICATION FORM FOR RECOGNITION OF A PROFESSIONAL DEVELOPMENT ACTIVITY

BY A PROVIDER

For each continuing education activity ("CE activity") that is subject to a request, the provider must send the following documents **by email** to the Chambre de la sécurité financière ("CSF") or to the Institut québécois de planification financière ("IQPF"):

- This form
- The resume or biography of the trainer(s)
- The summative evaluation (for all CE activities except in-person and co-modal CE activities)
- The training plan if the one presented in this form is not used
- **For a joint request (CSF and IQPF)** – The IQPF requires the content of the activity and every document used (PowerPoint, PDF, workbook, etc.)
- Optional – The application for permission to use the logo confirming the recognition of an activity by the Chambre

To apply for a joint recognition by the CSF and IQPF:

- Check both organizations (**CSF and IQPF**) in the "*Request submitted to*" field below
- Send all the documents required by email to the CSF and the IQPF
  CSF email address: accreditation@chambresf.com
  IQPF email address: accreditation@iqpf.org

Request submitted to: ☐ **CSF** ☐ **CSF and IQPF**

If this CE activity has already been recognized, please enter its previous number:

Previous recognition number **CSF**

Previous recognition number **IQPF**

IDENTIFICATION OF THE PROVIDER

Name of the provider:		
Address:		
City:	Province:	Postal code:
Phone:	Ext.:	Fax:
Email:		Website URL:

Type of organization

- ☐ Training organization
- ☐ Insurance of persons company
- ☐ Individual
- ☐ Group insurance of persons company
- ☐ Educational institution recognized by the MÉQ
- ☐ Mutual fund dealer
- ☐ Financial planning firm
- ☐ Scholarship plan dealer
- ☐ Other (specify):

IDENTIFICATION OF THE CONTACT PERSON (INDIVIDUAL RESPONSIBLE FOR THIS APPLICATION) *The decision about this request will be sent to this person.*

☐ Ms. ☐ Mr.

First and last name:		
Address:		
City:	Province:	Postal code:
Phone:	Ext.:	
Email:		

IDENTIFICATION OF THE TRAINER(S)

A) TRAINER(S) LISTED AT THE TIME OF THE APPLICATION OF RECOGNITION

Please fill out for each trainer. If there are more than two trainers, attach a list with all the information required below.

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

1. Company/organization:			
Name of the trainer:			
Address (if different from the provider's address):			
City:	Province:	Postal code:	
Phone:	Email:		
For an application to the CSF - Is this trainer a representative? ☐ Yes. AMF certificate no.:			/ ☐ No
For an application to the IQPF - Is this trainer a financial planner? ☐ Yes ☐ No			
Do they have a disciplinary record? ☐ Yes ☐ No			
One of these 2 documents is attached to this application: ☐ Resume ☐ Biography			
2. Company/organization:			
Name of the trainer:			
Address (if different from the provider's address):			
City:	Province:	Postal code:	
Phone:	Email:		
For an application to the CSF - Is this trainer a representative? ☐ Yes. AMF certificate no.:			/ ☐ No
For an application to the IQPF - Is this trainer a financial planner? ☐ Yes ☐ No			
Do they have a disciplinary record? ☐ Yes ☐ No			
One of these 2 documents is attached to this application: ☐ Resume ☐ Biography			

I, the undersigned, _____ confirm on behalf of the provider that the trainer(s) selected to lead the activity that is the subject of this application of modification has:

- The knowledge
- The experience required
- The ability to transmit their knowledge

_____ _____

Signature of the contact person Date

OR

☐ I understand that checking this box constitutes a signature that has legal force.

B) IF NO TRAINER HAS BEEN LISTED AT THE TIME OF THE APPLICATION OF RECOGNITION

☐ On my behalf and on behalf of the provider, I declare that no trainer has been found at this time and I understand that the CE activity will only be recognized when the CSF receives the information about the trainer(s) and only if it deems that this information demonstrates that the trainer(s) has the knowledge, experience, and ability to transmit their knowledge.

_____ _____

Signature of the contact person Date

OR

☐ I understand that checking this box constitutes a signature that has legal force.

IDENTIFICATION OF THE CONTINUING EDUCATION ACTIVITY

TITLE AND LANGUAGE OF THE CE ACTIVITY

☐ French:

☐ English:

Date requested for the beginning of the recognition of this CE activity:

Training will be: **One-time** ☐ or **Recurring**: ☐ 1 year or ☐ 2 years

Is this CE activity only offered to people in your organization?: ☐ Yes ☐ No

ADDITIONAL INFORMATION ABOUT THE REQUEST TO THE IQPF

AREA WHERE THIS CE ACTIVITY IS OFFERED:

☐ **All**

☐ Abitibi-Est
☐ Bas-Saint-Laurent-Gaspésie-Les-Îles
☐ Beauce-Amiante
☐ Drummond-Arthabaska
☐ Duplessis
☐ Eastern Townships
☐ Grande-Mauricie
☐ Haute-Yamaska
☐ Lanaudière
☐ Laurentians
☐ Laval
☐ Manicouagan
☐ Montreal
☐ Outaouais
☐ Quebec City
☐ Richelieu-Longueuil
☐ Rivière-du-Loup
☐ Rouyn-Noranda
☐ Saguenay-Lac-Saint-Jean
☐ Southwestern Quebec

Registration fee: ☐ Yes – specify amount before taxes: $ ☐ No

Does this activity need to be listed on the IQPF's website in the IQPF Accredited Courses section?

☐ No ☐ Yes

If so, please provide a **brief description** of the CE activity.
If your activity is bilingual, please provide the description in English as well.

In French:

In English:

Email address to display for people to contact to obtain more information about this CE activity (optional):

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):

TARGET AUDIENCE

- ☐ Representative in insurance of persons
- ☐ Representative in group insurance of persons
- ☐ Mutual fund dealer representatives
- ☐ Scholarship plan dealer representatives
- ☐ Financial planner

CSF SUBJECT(S) CORRESPONDING TO THE CE ACTIVITY

Please check the subject(s) corresponding to the CE 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 sciences
- ☐ Legislative environment
- ☐ Intestate and testamentary successions

2. INSURANCE OF PERSONS

- ☐ 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

3. 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

4. MUTUAL FUNDS

- ☐ 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

5. SCHOLARSHIP PLANS

- ☐ Client counselling
- ☐ Underwriting or risk management
- ☐ Investor profile
- ☐ Knowing the client
- ☐ Strategy of wealth accumulation and use
- ☐ Scholarship plans

6. COMPLIANCE WITH STANDARDS, ETHICS, AND BUSINESS CONDUCT

Any structured 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):

IQPF SUBJECT(S) CORRESPONDING TO THE CE ACTIVITY

Please check the subject(s) corresponding to the CE activity.

- ☐ Legal aspects (SFPA)
- ☐ Insurance (SFPA)
- ☐ Finance (SFPA)
- ☐ Taxation (SFPA)
- ☐ Investment (SFPA)
- ☐ Retirement (SFPA)
- ☐ Estate planning (SFPA)
- ☐ Compliance with standards, ethics, and business conduct (SC)
- ☐ Business conduct related directly to financial planning (SC-FP)

FULL DESCRIPTION OF THE CE ACTIVITY

1. PROFESSIONAL KNOWLEDGE, COMPETENCIES, AND SKILLS

As per the Regulation respecting compulsory professional development, section 18 for the CSF and section 16 for the IQPF.

For an application to the CSF

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 activity will develop the above (maximum 3 lines):

For an application to the IQPF

Please **check** which professional knowledge, competencies, and skills the CE activity aims to improve:

- ☐ 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 area
- ☐ Acquisition, comprehension and application of theoretical and technical knowledge pertaining to compliance with standards, ethics and professional practice

Please briefly explain how this activity will develop the above (maximum 3 lines):

2. TRAINING PLAN

Complete the suggested training plan offered on the CSF website in the ''Continuing education'' tab under the ''Guides and forms'' section, by listing the topics covered with 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

3. SUMMATIVE EVALUATION AND LEARNING ACTIVITIES

a. 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:_____ %.

b. 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.)

- How many learning activities does this CE activity include?
- What type of learning activities are included in this CE activity?

4. CONTROL MEASURE

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

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

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	

DECLARATION

I, undersigned, _____ , as the contact person and individual responsible for this request:

- 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
- 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 or the IQPF will cancel this application and no basic fees will be reimbursed
- understand that this application or CE activity may be the subject of an audit by the CSF or the IQPF
- consent to adhering to the CSF's Policy on compulsory professional development activities and, if applicable, the Accreditation procedure for providers

_____ _____

Signature of the contact person Date

OR

☐ I understand that checking this box constitutes a signature that has legal force.