

Supervisor's Recommendation related to Representative's Certificate

Instructions

- Section 1 of this form must be completed by a trainee's supervisor when the probationary period is completed or when the maximum duration of the probationary period is reached. A positive recommendation can be completed only when the trainee has completed the required minimum of hours. If a trainee undertakes probationary periods in two different sector classes, a recommendation form must be completed for each sector class. If a trainee has several supervisors, they must all agree on the answers to be given in Part 1.3 – Supervisor's Statement, and one supervisor must sign at the end of that section.
- Section 2 must be completed by the employer, i.e., the responsible officer or authorized signatory of the firm or independent partnership, or the independent representative for which the trainee is undertaking his probationary period. The employer must first read the information provided by the supervisor in section 1.
- The supervisor must send this form no later than 10 days after the maximum date on which the probationary period ends. Supervisors should consult the "Supervisor" section of the AMF website for information about the supervisor's recommendation and the conditions for successfully completing a probationary period.
- At the end of the probationary period, the probationary certificate will remain valid for 30 days. If the probationary period is successful, it will be possible to apply for a certificate. If the application is received while your probationary certificate is still valid, the probationary certificate will remain in effect until the AMF makes a decision regarding the issuance of the certificate.

AMF E-Services

Instead of filling out this form, you may now submit your application using our on-line service, please go to our website at <http://www.lautorite.qc.ca/>.

Information Centre

Toll free : 1-877-525-0337

Québec city : 418-525-0337

Montréal : 514-395-0337

Section 1 – Supervisor's Recommendation
Part 1.1 – Identification of supervisor (in block letters)
Supervisor's information

☐ Ms. First name(s) Last name(s)
☐ Mr.

Client No. (10 digits) Certificate No. (6 digits)

Additional information

Telephone E-mail
 Telephone type ☐ Residence ☐ Business ☐ Cell phone Date of birth

Part 1.2 – Probationary period for which recommendation is being submitted
Identification of trainee

☐ Ms. First name(s) Last name(s)
☐ Mr.

Client No. (10 digits) Beginning of probationary period

Sector / sector class covered by the recommendation

- | | |
|---|--|
| ☐ Insurance of persons | ☐ Damage insurance (personal-lines and commercial-lines) |
| ☐ Accident and sickness insurance | ☐ Personal-lines damage insurance |
| ☐ Group insurance of persons (insurance and annuities) | ☐ Commercial-lines damage insurance |
| ☐ Group insurance plans | ☐ Claims adjustment (personal-lines and commercial-lines) |
| ☐ Group annuity plans | ☐ Claims adjustment for personal-lines damage insurance |
| ☐ Mortgage brokerage | ☐ Claims adjustment for commercial-lines damage insurance |

Partie 1.3 –Supervisor's Statement

This section of the form allows you to make comments regarding your trainee's work and aptitudes and your recommendation for a certificate in the sector or sector class in which he completed the probationary period. You must answer all the questions.

If you answer "No" to any of the questions below, please attach the Trainee file you have compiled to this document.

Depending on the answers provided, additional supporting documents may be required.

Please answer the questions and explain your answer when required.

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1. Based on the trainee file established by you, do you recommend successful completion of the probationary period? ☐ Yes ☐ No
-

2. Number of hours completed by the trainee during the probationary period:
-

3. The trainee was supervised in accordance with regulations during the probationary period. ☐ Yes ☐ No

→ If you answered "No", please explain why.

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4. The trainee completed the required number of hours for a sector or sector class while meeting the prescribed minimum duration and maximum number of hours per week for the probationary period. ☐ Yes ☐ No

→ If you answered "No", please explain why.

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5. The trainee progressively applied the specific competencies listed in the competency profile for the sector or sector class to which the probationary period related. ☐ Yes ☐ No

→ If you answered "No", please explain why.

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6. The trainee has the knowledge, competencies, behaviours and attitudes required to pursue activities as a representative. ☐ Yes ☐ No

→ If you answered "No", please explain why.

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7. The trainee is able to carry out the activities reserved for certified representatives without the help of a supervisor. ☐ Yes ☐ No

→ If you answered "No", please explain why.

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8. The trainee complied with legislation and the rules of ethics and professional conduct during the probationary period. ☐ Yes ☐ No

→ If you answered "No", please explain why.

Part 1.4 –Case study in group insurance of person

Please note that this question applies only to probationary periods in the group insurance of persons sector and the group insurance plans or group annuity plans sector classes.

9. I certify that during the probationary period, the trainee successfully completed a case study in the sector class applied for based on the model presented on the AMF website. ☐ Yes ☐ No

→ If you answered "No", please explain why.

Part 1.5 – Declaration of provided information

I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application.

Name of supervisor	First name	Last name
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Signature

Date

Rights of access and correction

You may examine the personal information concerning you, obtain a copy of it or request that it be corrected if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized under the *Act respecting Access to documents held by public bodies and the Protection of personal information*, CQLR, c.A-2.1. If you have any questions on this topic, please visit the AMF website at [Information Access / AMF \(lautorite.qc.ca\)](https://www.amf.qc.ca/information-access).

Section 2 – Approval of supervisor's recommendation**Part 2.1 – Identification of responsible officer or authorized signatory****Information of the employer's representative**

☐ Ms. First name(s) Last name(s)
☐ Mr.

Client No.
(10 digits)

Name of employer

Mailing address of employer

Civic No. Street

Municipality Province Postal code

Telephone E-mail

Telephone type ☐ Residence ☐ Business ☐ Cell phone

Part 2.2 – Approbation

As the duly mandated representative of the legal person, I have read the supervisor's recommendation regarding the probationary period identified in Part 1.2 of this form.

☐ Yes ☐ No

Decision

- ☐ I approve the supervisor's recommendation
☐ I do not approve the supervisor's recommendation

If you didn't approve the supervisor's recommendation, please explain why.

Part 2.3 – Signature of responsible officer or authorized signatory

I declare that the information provided herein is accurate.

Name (in block letters) of responsible
officer or authorized signatory or inde-
pendent representative

Signature

Date

You are reminded that, in Québec, private enterprises are subject to the obligations set out in the Act respecting the protection of personal information in the private sector, CQLR, c. P-39.1, which is administered by the Commission d'accès à l'information.

No form sent by e-mail or by fax will be accepted.

The AMF will only accept forms in paper format sent
by mail.

Send your form and payment to:

Autorité des marchés financiers
Place de la Cité, tour PwC
2640, boulevard Laurier, bureau 400
Québec (Québec) G1V 5C1