

Use this form to submit an application for recognition of a privately tutored course.

Who is this form intended for?

This form is for candidates who have failed the same examination of the *Autorité des marchés financiers* (AMF) three times and who are required to take the course corresponding to the skill evaluated in the failed examination in order to comply with the rules for writing supplemental examinations. The AMF recognizes privately tutored courses so that a candidate is not unduly delayed in beginning his career where a course is not offered within a reasonable period of time by a recognized training body.

The AMF favours courses offered by recognized training bodies. Therefore, before applying for recognition of a privately tutored course, the candidate must have attempted to take the required course with a training body recognized by the AMF. The candidate must contact at least three training bodies offering the course in his region or by distance learning, as applicable. If none of the training bodies contacted offers the course within four months following the candidate's third failed attempt to pass the examination, the candidate may then apply for recognition of a tutored course by completing this form.

How does a candidate verify whether the required course is offered by a training body?

The list of recognized training courses is posted on the AMF website; it can also be obtained by contacting the AMF Information Centre. Candidates are responsible for contacting the training bodies concerned to verify course dates.

What are the main criteria for recognizing a tutored course?

- The candidate and the trainer must ensure that the course plan satisfies all the learning objectives set out in the competency evaluation table for the competency evaluated in the failed examination. The competencies evaluation tables are posted on the AMF website;
- Privately tutored courses must consist of at least 20 hours of training, and the trainer must be in attendance.
- The trainer must conduct the evaluation in person and must evaluate the candidate's knowledge and competencies consistent with the components of the competency set out in the competencies evaluation tables for the competency evaluated in the failed examination. These evaluations must be attached to the candidate's application for recognition of a tutored course and placed in a sealed envelope. A table of correspondences between the proposed questions and the components listed in the competency evaluation table must be enclosed with the evaluations submitted by the trainer.
- For a course to be recognized, the candidate must obtain approval **prior** to beginning the course.

Who can offer a privately tutored course?

The trainer chosen by the candidate must have at least 2 years of experience in the field related to the skill evaluated in the failed examination. If a trainer does not hold a certificate from the AMF in the relevant sector or sector class, he must provide, along with this form, a curriculum vitae demonstrating that he has the required competencies to train the candidate and guide him in developing the skills and knowledge needed to pursue professional activities.

APPLICATION FOR RECOGNITION OF PRIVATELY TUTORED COURSE

Damage insurance (Personal Lines and Commercial Lines)
Claims adjustment (Personal-lines and Commercial-lines)
General information and instructions

PART 1 – IDENTIFICATION OF CANDIDATE (IN BLOCK LETTERS)

CLIENT INFORMATION

Client No. (10 digits)					
Ms. <input type="checkbox"/>	First name		Last name		
Mr. <input type="checkbox"/>					
Date of birth		Language of correspondence:		French <input type="checkbox"/> English <input type="checkbox"/>	
	_____ / _____ / _____				
	year month day				
HOME ADDRESS					
Civic No.		Street		Apt.	
City			Province		Postal code
Telephone (residence)			Telephone (business)		Ext.
Cell phone			E-mail		

PART 2 – ATTEMPTS TO TAKE COURSE

List three training bodies offering the course in your region or by distance training, as applicable, and explain why you are unable to take the course with any of these training bodies.

Training body contacted	Course start date	Why are you unable to take this course?
1-		
2-		
3-		

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PART 3 – IDENTIFICATION OF TRAINER (IN BLOCK LETTERS)											
Ms.	<input type="checkbox"/>	First name					Last name				
Mr.	<input type="checkbox"/>										
HOME ADDRESS											
Civic No.				Street					Apt.		
City				Province					Postal code		
Telephone (residence)					Telephone (business)				Ext.		
Cell phone					E-mail						
AMF certificate number (6 digits)					Number of years of pertinent experience						

Important

Attach the trainer's curriculum vitae if he does not hold a certificate issued by the AMF.

PART 4 – IDENTIFICATION OF COURSE (IN BLOCK LETTERS)

Code of failed competency: ____ - ____

Duration of course supervised by trainer: _____ hours

Estimated duration of homework and readings (outside of course hours): _____ hours

PART 5 – COURSE PLAN

Attach the course plan indicating the learning objectives that will be covered at each meeting. All the components of the competency listed in the competency evaluation table must be included in the course plan submitted. If a component of the competency is omitted, the course will not be recognized.

The mandatory course plan structure is as follows:

Course plan		
Meeting	Learning objective to be covered	Reference to specification table
<p>1st meeting</p> <p>Scheduled date: ____ / ____ / ____ year month day</p> <p>Duration: _____ hours</p>	<p>Identify the sections of the <i>Civil Code of Québec</i> that apply to insurance</p> <p>Understand the scope of <i>An Act respecting the protection of personal information in the private sector</i></p> <p>Understand the other sources of Québec law and legislation relating to insurance of persons</p> <p>Understand the legislation applicable to public plans and its characteristics</p>	<p>1.1</p> <p>1.2</p> <p>1.3</p> <p>2.1</p>
<p>2nd meeting</p> <p>Scheduled date: ____ / ____ / ____ year month day</p> <p>Duration: _____ hours</p>	<p>Master the rules relating to the formation, taking effect, and reinstatement of insurance of persons contracts</p>	<p>3.1</p>

Important

The competencies evaluation tables are available on the AMF website.

PART 6 – EVALUATION METHOD

Indicate how the candidate will be evaluated and specify at which meeting each evaluation will be made. The trainer must evaluate each candidate individually and in person. Furthermore, the evaluation must be based on at least two examinations consisting of a minimum of 15 questions each. The level of difficulty of the questions must be the same as that of the sample examination questions posted on the AMF website.

Number of examinations: _____

Number of questions per examination: _____

What percentage of the final mark do the examinations count for? _____

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Attach a sealed envelope containing the examinations, the solutions and the table of correspondences between the elements listed in the competency evaluation table and the questions that will be used to evaluate the candidate's skills. The trainer must sign across the seal of the envelope. In addition, the trainer must keep the candidate's completed examinations for two years so that the AMF can, if necessary, consult them to validate the candidate's score.

PART 7 – ADDITIONAL MATERIALS

Indicate any reference materials that will be used other than the exam preparation manual published by the AMF.

PART 8 – STATEMENT OF CANDIDATE

I declare that the information provided in this form and the course plan is accurate and complete.

I have attached to this form:

- Course plan;
- Evaluations, answer key and the table of correspondences (in a sealed envelope).

Signature of candidate

Date: ____/____/____
 year month day

If you refuse or fail to provide us with the requested information and/or documents, we will not be able to process your request.

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 \(lautorite.qc.ca\)](http://www.lautorite.qc.ca).

PART 9 – STATEMENT OF TRAINER

I confirm that:

- I have the necessary skills to provide training to the candidate; Yes No
- The information provided in this form and the attached documents (course plan and curriculum vitae, as applicable) is accurate. Yes No

I undertake to:

- provide at least 20 hours of quality training directly to the candidate. Such training will cover all the elements set out in the competency evaluation table posted on the AMF website for this competency; Yes No
- comply with the *Copyright Act* when using the manuals published by the AMF for the given course; Yes No
- adequately evaluate the candidate's knowledge and skills by having the candidate write at least two exams; Yes No
- personally supervise these exams; Yes No
- retain the candidate's exams for a period of two years; Yes No
- provide the candidate with a letter confirming the mark received for the given course; Yes No
- use teaching practices that comply with the confidentiality undertaking which candidates must sign when writing AMF examinations. Yes No

I understand that the AMF could refuse to authorize me to act as a private tutor if a significant and persistent difference is observed between the results obtained by my students writing AMF examinations and the average pass rates for such examinations. Yes No

Signature of trainer

Date: _____ / _____ / _____
 year month day

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PART 10 – FEES PAYABLE AND PAYMENT					
CLIENT INFORMATION					
Client No. (10 digits)		Certificate No. (6 digits)		PIN (9 digits)	
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name			Last name	
FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024 (Please note that fees are non-refundable.)					
File study fee : (Payable per course per candidate)				<input checked="" type="checkbox"/> \$260.00	
If payment is made with a credit card, please carry the amount over to the space below marked with an *. If the amount shown is greater than the amount due, we reserve the right to correct this amount and adjust it downwards.					
METHOD OF PAYMENT					
<input type="checkbox"/> Cheque <input type="checkbox"/> Money order		Please make your payment payable to the order of the Autorité des marchés financiers and date it on the day on which the form is sent.			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		I authorize the AMF to charge the amount of * \$_____ to my credit card. Card No.: _____ / _____ / _____ / _____ Expiry date: _____ / _____ month year			
		Name of cardholder (in block letters)		Date: _____ / _____ / _____ year month day	
		Signature of cardholder			

The AMF only accepts forms sent by **mail**.
No form sent by e-mail or by fax will be accepted.

Send your payment to the following address:

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