



Important

This form must be completed by any training provider that wants to have a professional development activity in mortgage brokerage recognized. It may be submitted at the same time as the application for recognition as a professional development activity provider.

PART 1 – GENERAL INFORMATION

IDENTIFICATION OF THE PROVIDER (in block letters)

Name of provider

Provider No. (10 digits)

IDENTIFICATION OF THE TRAINING

Title of training

Title of training in English (if applicable)

Start date

End date

Language of instruction French English Other

Frequency Once Recurring On demand

The training is offered To an exclusive clientele To all Through a lender

Registration method(s)

Through your website
(indicate address)

By telephone
(indicate name and telephone No.)

By e-mail
(indicate address)

Target clientele

Mortgage brokers

Responsible officers

Type of dissemination

In-class course

Conference

Distance training

Asynchronous on-line training

Videoconference - webinar

Pre-recorded training – asynchronous

Symposium - lecture

Other



IDENTIFICATION OF THE TRAINING (cont.)		
Regions where the training will be given (for in-class training only)	All regions Abitibi-Témiscamingue Bas-Saint-Laurent Capitale-Nationale Centre-du-Québec Chaudière-Appalaches Côte-Nord Estrie Gaspésie-Îles-de-la-Madeleine	Laurentides Laval Mauricie Montérégie Montréal Nord-du-Québec Outaouais Saguenay-Lac-Saint-Jean Outside Québec
RECOGNITION REQUESTED		
Duration of the training (hours)		
Number of PDUs requested (1 PDU/hour)		
Type of professional development Compulsory General	Compulsory professional development Compliance with standards Ethics and professional conduct Keeping of records and registers	Risk management Prevention of fraud or money laundering Firm start-up and management
Subjects	General professional development Legislative and regulatory framework for the pursuit of activities as a mortgage broker Ethics, professional conduct and professional practice of mortgage brokers Keeping of records and registers Developments in the mortgage market Financing products secured by immovable hypothec or the underwriting standards for such products Mortgage brokerage	Personal and business accounting Individual and business credit Mortgage insurance Risk management Prevention of fraud or money laundering New technologies associated with mortgage brokerage, financial services or financial technologies Firm start-up and management Management of human, material, information or financial resources



DESCRIPTION OF THE TRAINING

Use this section of the form to provide a description of your training activity for publication in the directory on the AMF website.

Briefly describe the training activity in English

Briefly describe the training activity in French, if applicable

PART 2 – RECOGNITION REQUIREMENTS

You must satisfy the recognition criteria set out in the *Guide for professional development activity providers – Compulsory professional development in mortgage brokerage*, available on the AMF website.

NEEDS ANALYSIS

Indicate the sources of information used to determine the needs to be met by the training activity.

Perceived needs

- Poll or survey
- Question about expectations when a prior activity was evaluated
- Focus group
- Internal request

Other

Demonstrated needs

- Self-assessment
- Recommendation by a regulator
- Recommendation by a third-party organization (specify)

Other



NEEDS ANALYSIS (cont.)

Normative needs

 New practices/regulations

 Consultation with experts / recommendations by organizations

Other

Justify the training need that emerged from your analysis indicated above

Attach the needs analysis that was completed for this training, if available.

COURSE PLAN

Complete the course plan template in Appendix 3 or provide us with your detailed course plan for the training activity. In the latter case, make sure the learning objectives are well specified and clearly defined.

List all the reference sources used to prepare the content of your training activity or attach a document listing the reference sources



ATTENDANCE MONITORING

Describe the methods that will be used to monitor participant attendance for the training activity.

ASSESSMENT OF LEARNING (on-line training activities only)

List the modes of assessment that will be used or complete Appendix 3.

PART 3 – DISCLOSURES AND ROYALTIES

DISCLOSURES

Important

This part must be completed by the program administrator.

1. Have you checked the disciplinary and criminal records of the trainers covered by this application?	Yes	No
2. Have any of the trainers pleaded guilty to or been convicted by a court inside or outside Canada of a criminal act or an offence, been the defendant in civil proceedings related to his or her activities as a representative, or been the subject of a disciplinary sanction imposed by a discipline committee? (You do not need to answer Yes to this question if the trainer was found not guilty or the charges were withdrawn.)	Yes	No
3. Have any of the trainers been in default of paying outstanding fines, costs or interest imposed by a discipline committee or by the Court of Québec sitting in appeal of a decision issued by such a committee or been in default of paying fines relating to the commission of an offence under any of the following: <i>Act respecting the distribution of financial products and services</i> , CQLR c. D-9.2; the former <i>Act respecting market intermediaries</i> , CQLR c. I-15.1; the former version of the <i>Real Estate Brokerage Act</i> , CQLR c. C-73.1; <i>Securities Act</i> , CQLR c. V-1.1; or the <i>Professional Code</i> , CQLR c. C-26?	Yes	No

If you answered Yes to question 2 and/or 3, please attach the particulars to your application.



ROYALTIES	
Important <i>This section must be completed by the program administrator.</i>	
Is this training supported by one or more manuals prepared by the Autorité des marchés financiers? If so, will the manuals be sold to the training activity participants? If so, which manuals?	Yes No
DECLARATION REGARDING THE INFORMATION PROVIDED	
I declare that the information provided in this form is accurate and complete. I have attached all supporting documents required to process my application. _____ Signature of program administrator	Date (YYYY/MM/DD)
PART 4 – DOCUMENTS TO ATTACH	
<ul style="list-style-type: none"> Detailed course plan for the training activity (if applicable) Needs analysis, if available Document listing reference sources for the training activity, if necessary Training assessments Curriculum vitae of all trainers All learning supports and training materials provided 	

You are reminded that, in Québec, any private or public enterprise that offers a training program is subject, depending on the situation that applies to it, to the obligations set out in the *Act respecting the protection of personal information in the private sector*, CQLR, c. P-39.1, or in the *Act respecting access to documents held by public bodies and the protection of personal information*, CQLR, c. A-2.1, which are administered by the Commission d'accès à l'information.



PART 5 – FEES PAYABLE AND PAYMENT

Important

Application fees are non-refundable.

FEES PAYABLE FOR THE PERIOD OF JANUARY 1, 2024 TO DECEMBER 31, 2024 (Please note that the fees are non-refundable)

Application for recognition of a professional development activity: **\$254.00**

INVOICE GENERATION AND PAYMENT

Note that your invoice will be generated and must be paid in AMF E-Services.



TRAINERS		
IDENTIFICATION OF TRAINERS (MANDATORY)		
AMF client No.	Last name	First name

Attach Appendix 2 for each trainer associated with the training activity.

TRAINER		
IDENTIFICATION OF THE TRAINER (MANDATORY)		
Provider No. (10 digits)		
Ms. Mr.	First name(s)	Last name
Date of birth (YYYY/MM/DD)	Language of correspondence French English	
CONTACT INFORMATION		
Civic No.	Street	Apt.
City	Province	Postal code
Telephone (residence)	Telephone (business)	Ext.
Cell phone	E-mail	
EXPERIENCE RELATED TO THE TRAINING CONTENT		
Experience in	year(s)	
RELEVANT TRAINING EXPERIENCE		
Experience in	year(s)	
Number of training activities given		

Attach the trainer's curriculum vitae.

Professional development course plan (template)

Title of the activity	
Expected duration	Type of training

General learning objectives

Indicate the general objectives of the training.

Specific learning objectives	Content	Duration	Learning activities	Learning support	Performance criteria	Assessment tool	Reference
<i>E.g.: Define the role of the Autorité des marchés financiers in the financial services sector.</i>	<i>E.g.:</i> <ul style="list-style-type: none"> • Mission of the AMF • Role • Exercise of duties • Administrative statutes • Powers of the AMF 	<i>E.g.: 15 min</i>	<i>E.g.: Presentation</i>	<i>E.g.: Manual</i>	<i>E.g.: Accurate definition of the AMF's role in the financial services sector.</i>		<i>Act respecting the regulation of the financial sector and official information from the AMF website.</i>

Specific learning objectives	Content	Duration	Learning activities	Learning support	Performance criteria	Assessment tool	Reference

Specific learning objectives	Content	Duration	Learning activities	Learning support	Performance criteria	Assessment tool	Reference