

Important

This form must be completed by any applicant who wishes to have a personal training activity he or she has taken recognized as a professional development activity under the Compulsory Professional Development Program in mortgage brokerage.

You must submit this application form in order to have the training recognized.

*If your training was taken as part of a credit college or university level education, please complete and submit the online form «Other application / request – Qualification» along with your official transcripts. The training followed must meet the recognition criteria set out in the **Guide for mortgage brokers and responsible officers**.*

PART 1 – GENERAL INFORMATION

IDENTIFICATION OF THE APPLICANT (in block letters)

Client No. (10 digits)

Ms. Mr.	First name	Last name
Date of birth (YYYY/MM/DD)		Language of correspondence: French English

CONTACT INFORMAT

Civic No.	Street		Suite
Municipality	Province		Postal code
Telephone (main)	Telephone (other)	Ext.	
Website		E-mail	



PERSONAL TRAINING ACTIVITY

Professional development program in mortgage brokerage

Information Centre
Toll-free: 1-877-525-0337
Québec City: 418-525-0337
Montréal: 514-395-0337

IDENTIFICATION OF THE PROGRAM ADMINISTRATOR			
Client No. (10 digits)			
Ms. Mr.	First name	Last name	
Date of birth (YYYY/MM/DD)		Language of correspondence: French English	
CONTACT INFORMATION			
Civic No.	Street		Suite
Municipality		Province	Postal code
Telephone (residence)	Telephone (business)	Ext.	
Cell phone	E-mail		

PART 2 – RECOGNITION REQUIREMENTS

DOCUMENTS REQUIRED ACCORDING TO TYPE OF PERSONAL TRAINING

Distance training or in-class

- Detailed course plan
- Official registration for course taken
- Certificate of participation or attestation of successful completion (official transcript)

Videoconference, symposium, conference, convention, seminar, webinar

- Confirmation and receipt
- Official certificate of participation
- Official training plan (training schedule)
- Material received during the event

PART 3 – DECLARATION REGARDING 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

Date (YYYY/MM/DD)

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).

APPLICATION FOR RECOGNITION

PERSONAL TRAINING ACTIVITY

Professional development program in mortgage brokerage

Please do not delete this page
when printing the form.

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Part 4 – Fees payable and payment
must be printed on a single sheet of paper
with no information on the reverse side.

APPLICATION FOR RECOGNITION

PERSONAL TRAINING ACTIVITY

Professional development program in mortgage brokerage

PART 4 – FEES PAYABLE AND PAYMENT

APPLICANT INFORMATION

Client No. (10 digits)

Ms.

First name

Last name

Mr.

Name of business

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

Application for recognition of a
personal training activity **\$254.00**

If you are paying by 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

Cheque

Please make your payment to the order of the **Autorité des marchés financiers** and date it **on the day you mail** your form.

Money order

Visa

I authorize the AMF to charge the amount of \$ * to my credit card.

MasterCard

Card No.:

American

Express

Expiry date: (month/year)

Name of cardholder
(in block letters)

Signature of cardholder

Date

The AMF only accepts forms sent by mail.
Forms sent by e-mail or fax will not be accepted.

Please send your form and payment to:

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

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APPENDIX – CHECKLIST

Name of training provider

Date of request

Title of training activity

Before submitting your application to have a personal training activity recognized, make sure that you have first downloaded all your documents. Incomplete applications will not be examined.

Your application for recognition of a personal training will be considered complete when all the required documents have been received.

Use this checklist to ensure that you have provided all the information needed to process your application.

Nº	Information to be provided	Information submitted in an attachment
For distance training or in-class courses		
1	Detailed course plan, if applicable	
2	Official registration for course taken	
3	Attestation of successful completion (official transcript)	
For videoconferences, symposiums, conferences, conventions, seminars and webinars		
4	Registration confirmation	
5	Official certificate of participation	
6	Official training plan (training schedule)	
7	Material received during the event	