



Organization

Individual trainer

Important

This form must be completed by any training provider that wants to offer professional development activities in mortgage brokerage. It may be submitted with the application for recognition of a professional development activity.

When applying for recognition in AMF E-Services, make sure all your documents are scanned and attached to the application. Please note that any incomplete application for recognition will not be evaluated. Your application for recognition will be considered complete when all documents have been submitted.

PART 1 – GENERAL INFORMATION

IDENTIFICATION OF THE PROVIDER (in block letters)

Name of provider

Provider No. (10 digits)

Type of organization	Association	Mortgage lender
	Educational institution	Credit reporting agency
	Training organization	Insurer
	Regulatory or self-regulatory organization	Training department – brokerage firm



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Part 2 must be completed and signed by the person designated and authorized to sign the recognition agreement.

PART 2 – IDENTIFICATION OF THE SIGNATORY OF THE RECOGNITION AGREEMENT

IDENTIFICATION OF THE SIGNATORY (in block letters)

Ms. Mr.	First name(s)	Last name	
Provider No. (10 digits)			
Date of birth (YYYY/MM/DD)		Language of correspondence French English	
Title or function within the provider	President	Responsible office	
	Partner	Other	
CONTACT INFORMATION			
Civic No.	Street		Apt.
City		Province	Postal code
Telephone (main)	Telephone (other)	Ext.	
E-mail			

I declare that the information provided is accurate and complete.

Signature of the signatory of the recognition agreement	Date (YYYY/MM/DD)
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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.



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Part 3 must be completed by the program administrator.

**PART 3 – IDENTIFICATION OF THE PROGRAM ADMINISTRATOR
OR INDIVIDUAL TRAINER (in block letters)**

IDENTIFICATION OF THE PROGRAM ADMINISTRATOR Same as the agreement signatory

Ms. Mr.	First name(s)	Last name
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Provider No. (10 digits)

Date of birth (YYYY/MM/DD)	Language of correspondence	French	English	Other
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CONTACT INFORMATION Same as the agreement signatory

Civic No.	Street	Apt.
City	Province	Postal code
Telephone (residence)	Telephone (business)	Ext.
Cell phone	E-mail	

EXPERIENCE

Number of years of experience in mortgage brokerage	year(s)
Number of years of experience in financial services	year(s)
Number of years of experience in education or training	year(s)
Number of years of experience in training management	year(s)

Please attach the program administrator's or individual trainer's curriculum vitae.

I declare that the information provided in the curriculum vitae is accurate and complete.

Signature of the program administrator	Date (YYYY/MM/DD)
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PART 4 – RECOGNITION REQUIREMENTS

Important

The “Information Security Measures” section does not apply to individual trainers.

INFORMATION SECURITY MEASURES

What measures do you propose to take to ensure information validity and security at the registration, dissemination and assessment stages of your training activities?

Attach a document describing the measures taken for each of the steps described above, if applicable.

REGISTRATION

What process do you use to manage registrations for your training activities (verification of participant identity, registration, application processing, etc.)?

Attach a copy of your registration process, if any.



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

COMPLAINT MANAGEMENT

What is the complaint process for learners who have a concern (filing, reception, analysis, timeframes, communication, etc.)?

Attach your complaint management policy, if any.

DOCUMENTS TO ATTACH

Please attach the following document(s)

Mandatory

- Individual trainer’s or program administrator’s curriculum vitae
- Document describing the information security measures, if any
- Copy of the registration process, if necessary
- Complaint management policy, if necessary



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

LEARNING ENVIRONMENT

Describe the learning environments proposed to participants by type of training activity.

Lectures

Describe the lecture venue and controls to monitor attendance

In-class training

Describe the classroom

On-line training

Describe the measures in place to facilitate learning and manage training activities (management system used, security measures in place, controls, assistance available, logging, etc.)



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

LEARNING ENVIRONMENT (cont.)

Indicate the number of trainers available to support participants.

Number of trainers available: for participants.

TRAINING ACTIVITIES DESSEMINATED IN MULTIPLE LANGUAGES, if applicable

For training activities disseminated in multiple languages, describe the measures taken to ensure equivalent training quality

Do you use the services of certified interpreters, translators or revisers?

Yes

No

If so, do you use them systematically?

Yes

No



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

Important

The “Trainers” section does not apply to individual trainers.

TRAINERS

Describe your recruitment policy for selecting trainers for your training activities (qualifications required, experience, right to practise, etc.)

DOCUMENTS TO ATTACH

Please attach the following document(s)

Mandatory

- Detailed description of types of training dissemination, if necessary
- Description of the learning and participant support environment, if necessary
- Recruitment policy, if any



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

ASSESSMENT OF LEARNING FOR ON-LINE TRAINING

Important

This part of the form relates to the assessment of learning for on-line professional development activities.

What modes of assessment are used for your on-line training activities?

EXAM DEVELOPMENT PROC

Are your exams developed by industry professionals?

Yes

No

Do the exam questions assess whether the learner participated fully in the on-line professional development activity?

Yes

No



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PART 4 – RECOGNITION REQUIREMENTS (cont.)

ASSESSMENT OF PROFESSIONAL DEVELOPMENT ACTIVITIES AND CONTINUOUS IMPROVEMENT

Important

This part of the form relates to the assessment of professional development activities and to continuous improvement measures.

Are assessments completed after your professional development activities?

Yes

No

If so, indicate the modes of assessment and attach a copy of the assessment form to your application

Indicate how often you update your training activities



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PART 5 – DECLARATION OF THE ORGANIZATION

Important

This part must be completed by the program administrator (organization only).

I declare that the organization

- | | | |
|--|-----|----|
| 1. undertakes to comply with current confidentiality and access to information legislation | Yes | No |
| 2. has sufficient financial resources to sustain the professional development program(s) for a period of several years | Yes | No |
| 3. agrees to cooperate in any investigation that might affect the program(s), trainers, third-party trainers or registered participants. The organization also undertakes to cooperate with any regulatory or other body mandated by a jurisdiction to maintain or restore law and order | Yes | No |
| 4. agrees to cooperate in any required audit affecting the offered training program or training activity and certification practices | Yes | No |
| 5. undertakes to make necessary changes to the proposed training activities in order to keep the training content current | Yes | No |

DECLARATION REGARDING THE INFORMATION PROVIDED

Signature of program administrator	Date (YYYY/MM/DD)
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PART 6 – DECLARATION OF THE INDIVIDUAL TRAINER

Important

This part must be completed by the individual trainer (individual trainer only).

I declare that I

- | | | |
|--|-----|----|
| 1. undertake to comply with current confidentiality and access to information legislation | Yes | No |
| 2. agree to implement internal procedures to ensure information security and validity at the registration, dissemination and assessment stages | Yes | No |
| 3. agree to act as a trainer and not to use the services of any third-party trainers | Yes | No |
| 4. have sufficient financial resources to provide the training for the period of time indicated in the recognition agreement to be issued | Yes | No |
| 5. agree to cooperate in any investigation that might affect the training activity or activities that I deliver or the persons registered for the training. I also undertake to cooperate with any regulatory or other organization that serves to maintain or restore law and order within a jurisdiction | Yes | No |
| 6. agree to cooperate in any required audit affecting the training activity or activities I provide. | Yes | No |

DECLARATION REGARDING THE INFORMATION PROVIDED

Signature of individual trainer

Date (YYYY/MM/DD)



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PART 7 – FEES PAYABLE AND PAYMENT

Important

Fees for this application 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 provider: **\$254.00**

INVOICE GENERATION AND PAYMENT

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