

# APPLICATION FOR RECOGNITION INITIAL TRAINING PROGRAM MORTGAGE BROKERAGE QUALIFICATION PROGRAM

## Important

This form must be completed by any training provider that wants to apply for recognition of its initial training program designed to enable students to qualify for the exams given by the Autorité des marchés financiers (AMF) in mortgage brokerage. It may be submitted at the same time as the Application for recognition – Provider of Initial Training

## GENERAL INFORMATION

PART 1 – GENERAL INFORMATION									
IDENTIFICATION OF THE PROVIDER (in block letters)									
Name of provider									
Provider No. (10 digits)									
Type of organization				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>					
CONTACT INFORMATION									
Civic No.		Street		Suite					
City			Province		Postal code				
Telephone (main)			Telephone (other)			Ext.			
Website		E-mail							
IDENTIFICATION OF THE TRAINING									
Title of training									
Title of training in English (if applicable)									
Start date		End date							
Duration of training (months)									
Language of instruction		French <input type="checkbox"/>		English <input type="checkbox"/>		Other:			
Frequency of training		Once <input type="checkbox"/>		Recurring: 1 year <input type="checkbox"/>		2 years <input type="checkbox"/>		Other	
Target clientele			Mortgage broker <input type="checkbox"/>			Other:			
Location of the training									
Cost of the training (if applicable)									
Delivery method			Distance training <input type="checkbox"/>		In-class course <input type="checkbox"/>				
IDENTIFICATION OF THE PROGRAM ADMINISTRATOR									
Client No. (10 digits)									

# APPLICATION FOR RECOGNITION INITIAL TRAINING PROGRAM MORTGAGE BROKERAGE QUALIFICATION PROGRAM

Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First name		Last name	
Date of birth: ____ / ____ / ____ day    month    year			Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>		
<b>CONTACT INFORMATION</b>					
Civic No.		Street		Suite	
City		Province		Postal code	
Telephone (residence)		Telephone (business)		Ext.	
Cell phone		E-mail			

## RECOGNITION REQUIREMENTS

### PART 2 – COURSE PLAN

#### Important

*For CEGEPs, attach a table of correspondences showing the links between the components of the training curriculum and the course plan for your program.*

Describe the planning process of the training's teaching activities and how these activities will help meet the learning objectives:

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Attach your detailed course plan or complete the template in Appendix 1.

### PART 3 – ASSESSMENT OF LEARNING

Indicate the types of assessments that will be used during the training activity:

- Formative assessment

- Summative assessment

Specify the conditions that will apply to the assessments:

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Complete the detailed course plan in Appendix 1, indicating all assessments given during the training, or provide your detailed course plan for the training activity, making sure that assessments are clearly identified and described.

Attach a copy of the assessment specification tables that will be used.

<b>PART 4 – TRAINERS</b>		
<b>IDENTIFICATION OF TRAINERS (MANDATORY)</b>		
<b>AMF client No.</b>	<b>Last name</b>	<b>First name</b>

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

**DOCUMENTS TO ATTACH**

- Detailed course plan (or Appendix 1)
- Table of correspondences between the training curriculum and the course plans (CEGEPs)
- Course plans (CEGEPs only)
- Assessment specification tables
- Curriculum vitae of all trainers and the program administrator
- All learning materials provided

**PART 5 – DISCLOSURES**

**Important**

*The program administrator must complete this part.*

You must satisfy the recognition criteria set out in the Guide for professional development activity providers.

1. Have you verified 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 subject of a civil suit, or had a disciplinary sanction been imposed on him or her by a disciplinary committee? You do not need to answer “yes” to this question if the trainer was found not guilty or if 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 an offence committed under any of the following: the *Act respecting the distribution of financial products and services*, CQLR, c. D-9.2; the former *An Act respecting market intermediaries*, CQLR, c. I-15.1; the former *Real Estate Brokerage Act*, CQLR, c. C-73.1; the *Real Estate Brokerage Act*, CQLR, c. C-73.2; the *Securities Act*, CQLR, c. V-1.1; or the *Professional Code*, CQLR, c. C-26?  Yes  No

*If you answered **yes** to question 2 and 3, please attach the particulars to this application.*

## PART 6 – DECLARATION REGARDING INFORMATION PROVIDED

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

\_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of program administrator

year month day

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 7 – FEES PAYABLE AND PAYMENT**

**APPLICANT INFORMATION**

Client No. (10 digits)

Ms.   
Mr.

First name

Last  
name

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 an initial training program not subsidized by the Ministère de l'Éducation, du Loisir et du Sport

\$260.00

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  
 Money order

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

Visa  
 MasterCard  
 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)**

Signature of cardholder

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
year    month    day

\*Please note that the fees for an application for recognition are waived for organizations subsidized by the Ministère de l'Éducation, du Loisir et du Sport.

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

Please do not delete this page  
when printing the form.

This page was left blank intentionally because **Part 7 – Fees payable and payment** must be printed on a single sheet of paper with no information on the reverse side.

Initial training course plan (template)

Title of the activity	
Expected duration	Type of training

General learning objectives
<i>Indicate the general objectives of the training.</i>

Specific learning objectives	Content	Duration	Learning activities	Learning support	Performance criteria	Assessment	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"> <li>• <i>Mission of the AMF</i></li> <li>• <i>Role</i></li> <li>• <i>Exercise of duties</i></li> <li>• <i>Administrative statutes</i></li> <li>• <i>Powers of the AMF</i></li> </ul>	<i>E.g.: 15 min</i>	<i>E.g.: Group activity</i>	<i>E.g.: Manual</i>	<i>E.g.: Accurate definition of the AMF's role in the financial services sector</i>	<i>E.g.: Formative assessment and final summative assessment</i>	<i>Act respecting the regulation of the financial sector and information from the AMF website</i>

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




GENERAL INFORMATION	
IDENTIFICATION OF THE PROVIDER (in block letters)	
Client No.	
Name of provider	
Title of training	

TRAINER	
IDENTIFICATION OF THE TRAINER (MANDATORY)	
Client No. (10 digits)	
Ms. <input type="checkbox"/> Mr. <input type="checkbox"/>	First name
	Last name
Date of birth: ____ / ____ / ____ day    month   year	Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>
MAILING ADDRESS	
Civic No.	Street
	Suite
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.*

<b>Course provider's name</b>	
<b>Date of application</b>	
<b>Title of training</b>	

Before applying via E-Services to have an initial training activity recognized, make sure that you have downloaded all your documents. Incomplete applications will not be examined.

Your application 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 provided in this form	Information submitted in an attachment
<b>RECOGNITION REQUIREMENTS</b>			
1	<input type="checkbox"/> Detailed course plan (or Appendix 1)		
2	<input type="checkbox"/> Table of correspondences between the training curriculum and the course plans (CEGEPs)		
3	<input type="checkbox"/> Course plans (CEGEPs only)		
4	<input type="checkbox"/> Assessment specification tables		
5	<input type="checkbox"/> Curriculum vitae of all trainers and the program administrator		
6	<input type="checkbox"/> All support materials provided		