



Important

This form must be completed by any provider that wants to renew or modify a previously recognized professional development activity in mortgage brokerage.

You must inform the Autorité des marchés financiers (AMF) of any change that significantly affects the content, structure or type of training, the number of training hours or any other aspect on which the AMF relied to recognize the professional development activity.

To renew an activity, please go to Part 2.

To modify an activity, please complete Part 3.

This application must be processed and approved before the professional development activity can be delivered. The AMF reserves the right to revoke the recognition of an activity that no longer meets the recognition criteria.

This form may be submitted concurrently with an application to add or remove a trainer.

PART 1 – GENERAL INFORMATION

IDENTIFICATION OF THE PROVIDER (in block letters)

Name of provider

Provider No. (10 digits)

INFORMATION ABOUT THE TRAINING

Title of training

Training code



PART 2 – RENEW AN ACTIVITY

Note importante

If the recognized professional development activity is renewed without any changes, please complete Part 4 – Declarations.

If the recognized professional development activity is renewed with changes, please refer to Part 3 – Modify an activity and complete Part 4 - Declarations.

PART 3 – MODIFY AN ACTIVITY

Important

The program administrator must complete this part.

PROGRAM ADMINISTRATOR

Complete this section if you wish to make changes regarding the program administrator.

IDENTIFICATION OF THE PROGRAM ADMINISTRATOR

| | | | |
|-----------------------------|----------------------|---|-------------|
| Ms. Mr. | First name | Last name | |
| Client No. (10 digits) | | | |
| Date of birth: (DD/MM/YYYY) | | Language of correspondence: French English | |
| CONTACT INFORMATION | | | |
| Civic No. | Street | | Suite |
| City | | Province | Postal code |
| Telephone (residence) | Telephone (business) | Ext. | |
| E-mail | | | |

Please attach the new program administrator's CV.



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.

Complete the sections where changes apply.

COURSE STRUCTURE, CONTENT AND PLAN

Describe the changes made to the course structure, content and/or plan:

Please attach your current, detailed course plan or complete the proposed template in Appendix 1.

Please attach all new learning materials provided to participants.

Will these changes affect the total duration of your training?

Yes

No

If so, please indicate the new total duration of the training: _____ hour(s).

Please note that a change in the total duration of the training will affect the number of professional development units (PDUs) awarded for the course.



ASSESSMENT OF LEARNING

Indicate the types of assessment that will be modified as part of the training:

Formative assessment

Summative assessment

List the changes made to the assessment methods that will be used.

Attach your current, detailed course plan or complete the proposed template in Appendix 1, if applicable.

Attach a copy of all assessments that will be distributed to participants as part of the training, if applicable.

TRAINERS

If you wish to add or remove a trainer, complete and attach the application to add or remove a trainer.



| TYPE OF DELIVERY | |
|---|---------------------|
| Indicate the new type of delivery: | |
| Classroom course | Lecture |
| Distance training | Conference |
| Videoconference - Webinar | On-line training |
| Symposium | Other |
| Reason for the change: | |
| | |
| TRAINING LOCATION | |
| Indicate the new training location: | |
| Montréal | Region(s), specify: |
| Québec City | Other: |
| | |
| ROYALTIES | |
| You must comply with the terms and conditions of the <i>Guide for professional development activity providers</i> relating to the recognition of professional development activity providers, professional development activities and personal training activities. | |
| Is this training supported by one or more manuals drafted by the AMF? If applicable, will any of the AMF's manuals be sold to participants of the training activity? | |
| | Yes No |
| If so, which ones? | |
| | |

Have you signed a licence agreement with the AMF for those manuals?

yes

No

I declare that the information concerning the eligible royalties of this training is accurate.

Signature of program administrator

Date

CUMENTS TO ATTACH

New program administrator's CV (if applicable)

Current, detailed course plan (if applicable)

All new training assessments (if applicable)

All new learning materials provided

PART 4 – DECLARATIONS

Important

The program administrator must complete this part.

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

TRAINER

- | | | |
|--|-----|----|
| 1. Did you check 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 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 by such a committee or been in default of paying fines relating to the commission of an offence under any of the following: the <i>Act respecting the distribution of financial products and services</i> , CQLR, c. D-9.2, the former <i>An 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, the <i>Real Estate Brokerage Act</i> , CQLR, c. C-73.1, the <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(s) 2 and 3, please attach the particulars to your application.



PROFESSIONAL DEVELOPMENT ACTIVITY PROGRAM

Have any of the following changes been made to your training program:

| | | |
|--|-----|----|
| a) Type of training <i>If you answered yes, complete and submit supporting documentation</i> | Yes | No |
| b) Structure <i>If you answered yes, complete and submit supporting documentation.</i> | Yes | No |
| c) Duration <i>If you answered yes, complete and submit supporting documentation.</i> | Yes | No |
| d) Type of delivery <i>If you answered yes, provide the requested information.</i> | Yes | No |
| e) Location <i>If you answered yes, provide the requested information.</i> | Yes | No |
| f) Content <i>If you answered yes, complete and submit supporting documentation.</i> | Yes | No |
| g) Trainer (addition or removal of) <i>If you answered yes, submit an application to add or remove a trainer.</i> | Yes | No |

DECLARATION ON INFORMATION PROVIDED

I declare that all changes made to the professional development activity have been included in this application and that the information provided in this form is accurate. I undertake to immediately notify the AMF of any change that could significantly affect the content, structure or type of training, number of training hours or any other element on which the AMF relied to recognize the activity.

| | |
|------------------------------------|-------------------|
| Signature of program administrator | Date (YYYY/MM/DD) |
|------------------------------------|-------------------|

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 FROM JANUARY 1, 2024 TO DECEMBER 31, 2024

Application for modification or renewal: **\$127.00**

INVOICE GENERATION AND PAYMENT

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

APPENDIX 1: Professional development activity course plan (template)

| Title of activity | |
|-------------------|------------------|
| | |
| Expected duration | Type of training |
| | |

| General learning objective | | | | | | | |
|---|---|---------------------|-----------------------------|---------------------|---|--|---|
| Indicate the general objectives of the training. | | | | | | | |
| Specific learning objectives | Content | Duration | Learning activities | Learning materials | Performance criteria | Assessment tool | Reference |
| <i>E.g.: Define the role of the Autorité des marchés financiers in the financial services industry.</i> | <i>E.g.:</i> <ul style="list-style-type: none"> • Mission of the AMF • Role • Exercise of duties • Administrative laws • Powers of the AMF | <i>E.g.: 15 min</i> | <i>E.g.: Group activity</i> | <i>E.g.: Manual</i> | <i>E.g.: Accurate definition of the role of the Autorité des marchés financiers in the financial services industry.</i> | <i>E.g.: Formative and final summative assessments</i> | <i>Act respecting the regulation of the financial sector and official information from the AMF's website.</i> |

| Specific learning objectives | Content | Duration | Learning activities | Learning materials | Performance criteria | Assessment tool | Reference |
|------------------------------|---------|----------|---------------------|--------------------|----------------------|-----------------|-----------|
| | | | | | | | |
| | | | | | | | |

| Specific learning objectives | Content | Duration | Learning activities | Learning materials | Performance criteria | Assessment tool | Reference |
|------------------------------|---------|----------|---------------------|--------------------|----------------------|-----------------|-----------|
| | | | | | | | |
| | | | | | | | |