

**APPLICATION TO RENEW AND MODIFY
AN INITIAL TRAINING PROGRAM
MORTGAGE BROKERAGE QUALIFICATION PROGRAM**

- RENEW A PROGRAM**
 MODIFY A PROGRAM

Important

This form must be completed by any provider that wants to renew or modify a recognized initial training program 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 program.

To renew a program, please go to Part 2.

To modify a program, please complete Part 3.

This application must be processed and approved before the program 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 at the same time as an application to add or remove a trainer.

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			

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INFORMATION ABOUT THE TRAINING											
Title of training											
Training code											
Start date					End date						
Duration of training (months)			<input type="checkbox"/> _____ month(s)								
Language of training		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		<input type="checkbox"/> Mortgage broker			<input type="checkbox"/> Responsible officer		<input type="checkbox"/> Other:				
Location of training		<input type="checkbox"/> Montréal		<input type="checkbox"/> Québec City		<input type="checkbox"/> Region, specify:					
						<input type="checkbox"/> Other:					
Cost of training (if applicable)											
IDENTIFICATION OF THE PROGRAM ADMINISTRATOR											
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"/>	
CONTACT INFORMATION											
Civic No.		Street			Suite						
City			Province		Postal code						
Telephone (residence)		Telephone (business)			Ext.						
Cell phone		E-mail									

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PART 2 – RENEW A PROGRAM

Important

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

If the recognized program is renewed with changes, please refer to Part 3 – Modify a program

PART 3 – MODIFY A PROGRAM

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							
First name				Last name			
Date of birth: ____ / ____ / ____ day month year				Language of correspondence: French <input type="checkbox"/> English <input type="checkbox"/>			
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

Complete the sections where changes apply.

COURSE STRUCTURE, CONTENT AND PLAN

Important

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

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

Re-attach your detailed course plan or complete the proposed template in Appendix 1.

ASSESSMENT OF LEARNING

Indicate the types of assessments that will be conducted as part of the training:

- Formative assessment
- Summative assessment

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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.

Attach copies of the tables of specifications that will be used for the evaluations.

TRAINERS

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

TYPE OF DELIVERY

Indicate the new type of delivery:

- In-class course
 Distance training

Other

Reason for the change:

RENEW A PROGRAM **MODIFY A PROGRAM****TRAINING LOCATION**

Indicate the new training location:

 Montréal Québec City Region(s), specify: Other:**ROYALTIES**

You must comply with the terms and conditions of the licence agreement between you and the AMF.

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 administratorDate: ____ / ____ / ____
year month day

DOCUMENTS TO ATTACH

If one or more of the following documents have been modified, please re-attach them.

- Detailed course plan (or Appendix 1)**
- Table of correspondences between the training curriculum and the framework plans (CEGEPs).**
- Framework plans (CEGEPs only)**
- Assessment specification tables**
- All learning materials provided**

PART 4 – DECLARATIONS**Important**

The program administrator must complete this part.

You must comply with the requirements set out in the *Initial training recognition agreement*.

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 court inside or outside Canada of a criminal act or an offence, has been the defendant in civil proceedings related to his or her activities as a representative, or has 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 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 the commission of an offence 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 version of the *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 questions 2 and 3, please attach the particulars to your application.*

INITIAL TRAINING PROGRAM

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

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

DECLARATION ON INFORMATION PROVIDED

I declare that all changes made to the training program 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 program.

Signature of program administrator

Date: ____ / ____ / ____
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.

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PART 5 – FEES PAYABLE AND PAYMENT**CLIENT INFORMATION**

Client No. (10 digits)

Ms. Mr.

First name

Last name

Name of firm

FEES PAYABLE FOR THE PERIOD FROM JANUARY 1, 2024 TO DECEMBER 31, 2024**(Please note that fees are non-refundable.)**Application for modification or renewal – training bodies not subsidized by the Ministère de l'Éducation, du Loisir et du Sport*: \$130.00

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 orderPlease make your payment payable to the order of the **Autorité des marchés financiers** and date it on **the day on which you send your form.** Visa MasterCard American Express

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

Card No.: _____ / _____ / _____ / _____

Expiry date: ____ / ____
month yearName of cardholder
(in block letters)Date: ____ / ____ / ____
year month day

Signature of cardholder

*Please note that training bodies subsidized by the Ministère de l'Éducation, du Loisir et du Sport are exempt from the modification or renewal fees.

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

Send your form and payment to the following address:

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

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Please do not delete this page when printing the form.

This page was intentionally left blank because **Part 5 - Fees payable and payment** must be printed on a single page, without any information on the back.

Initial training course plan (template)

Title of activity	
Expected duration	Type of training

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

Specific learning objectives	Contents	Duration	Learning activities	Learning materials	Performance criteria	Evaluation	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	Contents	Duration	Learning activities	Learning materials	Performance criteria	Evaluation	Reference

Name of provider	
Date of application	
Title of training	

When applying for recognition of an initial training in AMF E-Services, make sure to scan and download all of your documents to a single file. Please note that incomplete applications will not be analyzed.

Your application for recognition will not be complete until all required documents have been received.

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

No.	Required disclosure	Information described in detail in the form	Information submitted in an attached document
RECOGNITION REQUIREMENTS			
1	<input type="checkbox"/> Detailed course plan (or Appendix 1)		
2	<input type="checkbox"/> Table of correspondences between the training curriculum and the framework plans (CEGEPs)		
3	<input type="checkbox"/> Framework plans (CEGEPs only)		
4	<input type="checkbox"/> Assessment specification tables		
5	<input type="checkbox"/> CVs of all trainers and program administrator		
6	<input type="checkbox"/> All learning materials provided		