



REQUEST FOR MODIFICATION OF AN ACCREDITED CONTINUING EDUCATION ACTIVITY

IMPORTANT

Any changes made on behalf of the provider or to a training activity, such as changes to the description, title or learning objectives or a minor change in content, must be approved by the Organization before the training activity is delivered again. A fee of \$100 plus taxes (\$114.18) applies.

Only one modification request is authorized during the accreditation period of a training activity. Updating information such as statistics and mortgage rates is not considered as a modification, but it is still important to send up-to-date training materials to the Organization. If the changes affect the duration of training or a substantial portion of the content, a new accreditation application is required.

Send completed form and all documents by email to: accreditation@oaciq.com.

SECTION I – IDENTIFICATION OF PROVIDER

Business name:

BUSINESS NAME

Represented by:

LAST NAME

FIRST NAME

Mailing address:

NUMBER

STREET

APT. / SUITE / SPACE

MUNICIPALITY

PROVINCE

POSTAL CODE

AREA CODE

TELEPHONE NO.

EXT.

Electronic addresses:

EMAIL

WEBSITE (IF APPLICABLE)

SECTION II – IDENTIFICATION OF TRAINING ACTIVITY

Title of training activity:

Type of modification:

Title Duration Learning objectives Content Name of provider Other: _____

Modification details:

SECTION III – REQUIRED DOCUMENTS

Materials to include with the application:

Modification request form

Detailed training plan

Complete training material (participant's guide, PowerPoint presentation, address and access code for online training)

Information on each trainer (name, contact information, résumé, OACIQ licence number or other professional association licence number, if applicable)

Modification fees

SECTION IV – CONSENT, DECLARATION AND SIGNATURE

I CONSENT TO THE COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The OACIQ protects the privacy of information it collects in accordance with the applicable legislation and its personal information governance policies. The OACIQ collects your personal information via this form. This information is necessary and it will be used for the following purposes:

- Verification of your identity.
- Processing of your application for modification of a training activity accredited in accordance with the *Real Estate Brokerage Act* (CQLR, c. C-73.2), the applicable regulations and the OACIQ's policies, notably for the purpose of assessing the competence and probity of each trainer.
- Payment of your application fee.

Your personal information may be used by OACIQ staff members whose duties so require.

The payment information collected via this form is destroyed once the processing of your application is completed.

In some cases prescribed by law, your personal information may be used for purposes other than those described above or disclosed to third parties without your consent.

Right of access and correction

Subject to certain reservations, the law authorizes you to access your personal information. You may request corrections to your personal information held by the OACIQ if it is inaccurate, incomplete or equivocal, or if the collection, release or keeping of the information is not authorized by law.

Consequences of refusal

This collection of your personal information is necessary to process your application. In the event that you withdraw your consent to the collection, use, or disclosure of your personal information, the OACIQ will not be able to receive or process your application for modification of a training activity.

Consent

I CONFIRM that I have read and understood the information regarding the collection, use and disclosure of my personal information.
I consent to the collection, use and disclosure of my personal information.

I DECLARE that all the information contained in this form is accurate. I **undertake to notify the OACIQ immediately of any change to this information.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR							

**Please sign the form AFTER
completing ALL the sections.**

SECTION V – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at synbad.com/fees.

AMOUNT DUE (including taxes): \$,

File or licence number:
(IF APPLICABLE)

METHOD OF PAYMENT

CREDIT CARD or CHEQUE OR MONEY ORDER (to the order of OACIQ)

Visa

MasterCard



- - -

CARD NUMBER

EXPIRATION (MM/YY)

cvv/cvc

The CVV/CVC is a three-digit code located on the back of your credit card.

Name of cardholder (if different from applicant)

X

CARDHOLDER'S SIGNATURE

PLEASE SEND YOUR PAYMENT AND DOCUMENTS

to the Education Department by email at ACCREDITATION@OACIQ.COM,
by mail or by fax to any of the contact information
indicated below.

Organisme d'autoréglementation du courtage immobilier du Québec

4905 Lapinière Blvd., Suite 2200, Brossard (Québec) J4Z 0G2

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