



APPLICATION FOR ACCREDITATION OF A CONTINUING EDUCATION ACTIVITY

IMPORTANT

An application for accreditation shall only be deemed to be received once it is complete, meaning that all required information and documents have been supplied along with the required payment. The list of required documents (section III) is not exhaustive. The OACIQ may request any other document in addition to those listed in the course of the certification process. If you wish to have more than one training course accredited, a form must be completed for each one.

The completed form and all the documents must be sent by email to: accreditation@oaciq.com. The applicant shall be informed of the OACIQ's decision by email within approximately forty-five (45) days following receipt of the duly completed application for accreditation, including all documents required.

The provider recognized by the OACIQ must comply with the rules set out in the *General accreditation procedure for continuing education activities* and cannot assign its accreditation to a third party.

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 NUMBER

EXT.

Electronic addresses:

E-MAIL

WEBSITE (IF APPLICABLE)

SECTION II – TYPE OF REQUEST AND FEE SCHEDULE

All fees mentioned are subject to change without prior notice.

Check the applicable type of request (see the *General accreditation procedure for continuing education activities* for more details):

Accreditation of a new training (\$509 + taxes = \$585.22)

Renewal of a training activity accreditation recognized during the 2023-2025 MCEP cycle (\$305 + taxes = \$350.67)

Without modifications

With eligible modifications*

Please specify what the changes are: _____

*Any changes to the description, title, objectives, or a minor change in content. These changes must be approved by the Organization before the training activity is delivered again.

A \$5.00 fee plus taxes (per CEU, per broker) for granting CEUs will be charged for every training session.

If the changes affect the duration of training or a substantial portion of the content, a new accreditation application is required.

SECTION III – REQUIRED DOCUMENTS

Materials to include with the application:

Application for accreditation

Detailed training plan

Complete training material (participant's guide, PowerPoint presentation, website 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)

Analysis fee

SECTION IV – IDENTIFICATION OF TRAINING ACTIVITY

Title of training activity:

Title of training activity in French (if applicable):

Duration of training activity: _____ hours (excluding breaks and lunch)

Language of training activity: French English

Target audience:

Residential real estate brokers

Commercial real estate brokers

Agency executive officers

Training format:

Classroom

Webinar (disseminated in real time on the Web with a trainer)

Self-study (online individual learning)

Date on which the first activity will be presented:

DAY	MONTH	YEAR					

Single event

Participant's registration fee: _____

SECTION V – INFORMATION TO BE POSTED ON THE PROFESSIONAL DEVELOPMENT PORTAL

The items below will be used to draft your training description on the *Professional Development Portal*.

Brief description of training activity:

SECTION V – INFORMATION TO BE POSTED ON THE PROFESSIONAL DEVELOPMENT PORTAL (continued)

Objectives of the training activity:

Summary plan of training (content, flow):

Please provide the contact details to be posted on the *Professional Development Portal* for brokers' information or registration:

Contact:

LAST NAME										FIRST NAME									
AREA CODE			TELEPHONE NUMBER						EXT.										

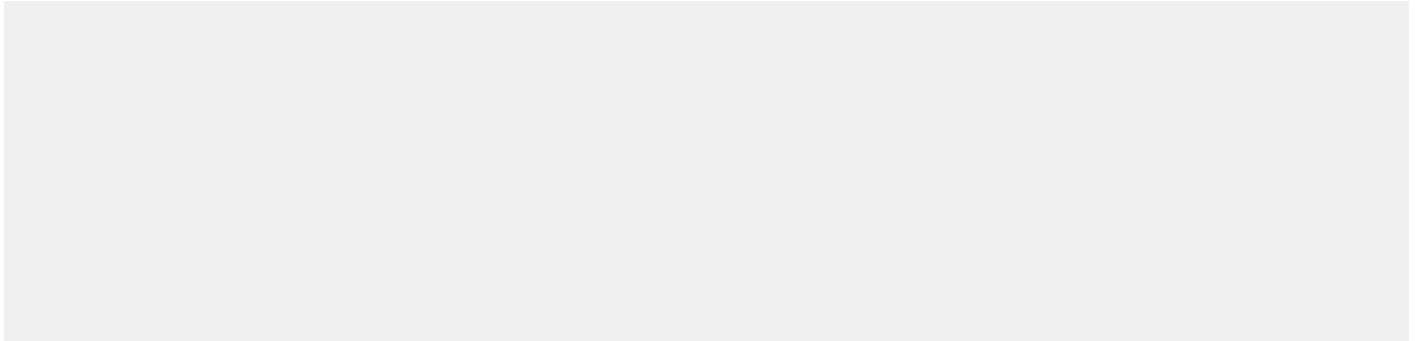
Electronic addresses: _____
E-MAIL WEBSITE (IF APPLICABLE)

IF THE TRAINING IS OFFERED IN FRENCH, PLEASE COMPLETE THE FOLLOWING FIELDS:

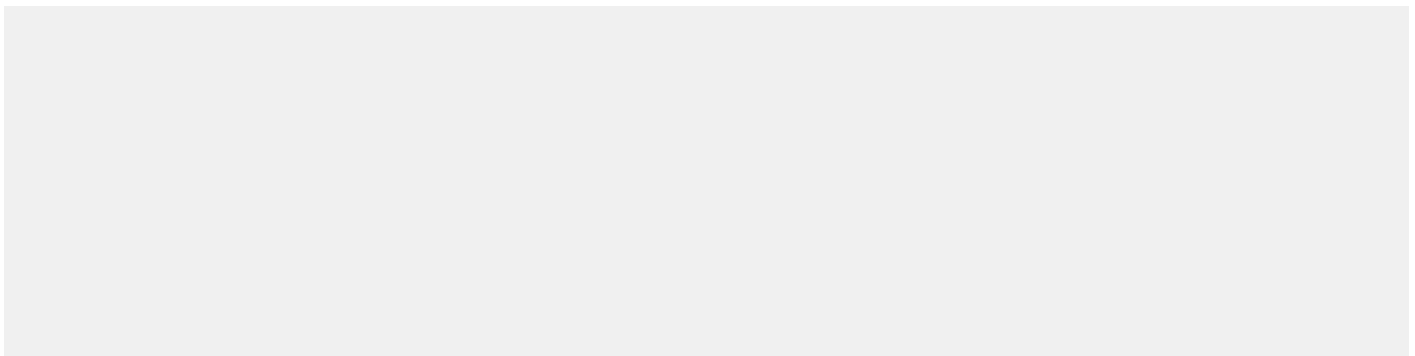
Brief description of training activity in French:

SECTION V – INFORMATION TO BE POSTED ON THE PROFESSIONAL DEVELOPMENT PORTAL (continued)

Objectives of the training activity in French:



Summary plan of the French training (content, flow):



SECTION VI – CONSENT, DECLARATION AND SIGNATURE

! 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 accreditation of a training activity 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.

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. I also declare that I have read the General accreditation procedure for continuing education activities.**

X

SIGNATURE

Date :

DAY	MONTH	YEAR					

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

SECTION VII – PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website.

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

Tel.: 450-462-9800 or 1-800-440-7170 • Fax: 450-676-3513 • accreditation@oaciq.com • oaciq.com