



## 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](mailto: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 NO.

EXT.

#### Electronic addresses:

E-MAIL

WEBSITE (IF APPLICABLE)

### SECTION II – TYPE OF REQUEST AND FEE SCHEDULE

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

Accreditation of a new training (\$440 + taxes = \$505.89)

Renewal of a training activity accreditation recognized during the 2021-2023 MCEP cycle (\$219 + taxes = \$251.80)

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 \$4.25 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.

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### SECTION III – REQUIRED DOCUMENTS

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**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

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### SECTION IV – IDENTIFICATION OF TRAINING ACTIVITY

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**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:** \_\_\_\_\_

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

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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 NO.							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:**

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

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Objectives of the training activity in French:

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

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**SECTION VI – DECLARATION AND SIGNATURE**

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**! PRIVACY PROTECTION**

The information collected in this form is necessary to allow us to process your request. You must provide all the information that is requested.

The OACIQ protects the privacy of all personal information provided, in accordance with the applicable legislation. Only OACIQ staff may access this information, and only to the extent required by their role. This information will be used exclusively for purposes of application of the *Real Estate Brokerage Act*, CQLR, c.C-73.2, and its regulations. It can be used for other purposes, in the cases prescribed by law. It may be transferred to other individuals or organizations only to the extent authorized by law, or with your consent.

The information and records that the Organization has on you are kept at its head office. Subject to certain reservations, the law authorizes you to access and request corrections to this information.

I declare that all the information contained in this application is accurate. **I agree to notify the OACIQ immediately of any changes 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.

AMOUNT DUE (including taxes): \$      ,

File or licence No.:        
(IF APPLICABLE)

**METHOD OF PAYMENT**

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

Visa MasterCard



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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](mailto:ACCREDITATION@OACIQ.COM),  
by mail or by fax to any of the contact information  
indicated below.

**Organisme d'autoréglementation du courtage immobilier du Québec**  
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Tel.: 450-462-9800 or 1-800-440-7170 • [accreditation@oaciq.com](mailto:accreditation@oaciq.com) • [oaciq.com](http://oaciq.com)