



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 \$52 plus taxes (\$59.79) 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 – DECLARATION AND SIGNATURE

! 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.**

X

SIGNATURE

Date:

DAY	MONTH		YEAR				

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

