

EDUCATION DEPARTMENT

APPLICATION FOR INDIVIDUAL RECOGNITION OF A TRAINING ACTIVITY

NOTE: An application for individual recognition is deemed received once it is complete, i.e., when all information and documents required have been provided and applicable fees have been paid. The list of required documents (see section IV) is not exhaustive. The OACIQ may request any other document in addition to those listed in the individual recognition procedure.

The applicant shall be informed of the decision by email.

The completed form and all documents shall be emailed to: accreditation@oaciq.com.

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

| SECTION I – IDENTIFICATION OF APPLICANT | | | | | | |
|--|-------------------------|--|--|--|--|--|
| Mr. Mrs. | File or licence number: | | | | | |
| Name: LAST NAME FIRST NAME | | | | | | |
| Home address: | APT. POSTAL CODE | | | | | |
| AREA CODE HOME PHONE NUMBER AREA CODE CELLPHONE NUMBER Email address: | | | | | | |
| Provider of training activity: | | | | | | |
| Exact title of training activity: | | | | | | |
| Internet address where training details can be found: | | | | | | |
| SECTION III – BRIEF DESCRIPTION OF TRAINING ACTIVITY | | | | | | |
| Start date of training activity: | | | | | | |
| End date of training activity: DAY MONTH YEAR | | | | | | |

| SECTION III – BRIEF DESCRIPTION OF TRAINING ACTIVITY (continued) |
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| Description of training activity: |
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| SECTION IV – REQUIRED DOCUMENTS |
| Materials to include with the application: |
| Application for individual recognition of a training activity |
| Proof of attendance or successful completion of training, if applicable |
| Outline of the course or program of the event |
| |
| Information on provider |
| Information on provider Documents handed out during the training activity (PowerPoint presentation, participant's guide, etc.) |

SECTION V - PRICING

To determine the fees associated with your application, please visit oaciq.com.

SECTION VI – UNDERTAKING

Undertaking by the licence holder applying for the recognition of a continuing education activity:

- The licence holder must abide by the rules outlined in the *Individual recognition procedure for a continuing education activity* and the *Policy on continuing education* of the Organisme d'autoréglementation du courtage immobilier du Québec;
- The licence holder undertakes to provide to the OACIQ accurate information that is not false, misleading or incomplete;
- The licence holder must complete, with rigour and integrity, and successfully complete, as applicable, the entire training activity for which he is submitting an application for individual recognition;
- The licence holder acknowledges that any misrepresentation shall result in the cancellation of the recognition granted and the withdrawal of the CEUs allocated;
- · The licence holder acknowledges that the documents provided are valid and properly digitized.

SECTION VII – 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 individual recognition 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.

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

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 *Individual recognition procedure for additional training activity* and the OACIQ's Policy on continuing education, and that I have completed, in a rigorous, integral and successful manner, the entire training activity for which I am submitting an application for individual recognition.

| X | Date | | | | |
|-----------|------|-----|-------|------|--|
| SIGNATURE | | DAY | MONTH | YEAR | |

Please sign the form AFTER completing ALL the sections.

SECTION VIII - PAYMENT OF FEES

Please fill out the payment form.

To determine applicable fees, please visit the OACIQ's website at ${\it synbad.com/fees}$.

| MOUNT D | UE (including tax | res): \$, File or licence number:(IF APPLICABLE) |
|-----------------------------------|--|--|
| TETHOD | OF PAYMENT | |
| CREDIT | CARD or C | CHEQUE OR MONEY ORDER (to the order of OACIQ) |
| | | |
| Visa MasterCard V/SA MasterCard | CARD NUMBER — | |
| | The CVV/CVC is a three-digit code located on the back of your credit card. EXPIRATION (MM/YY) CVV/CVC | |
| | | |
| | | |
| lame of car | rdholder (if differe | ent from applicant) |
| | | |
| X | | |
| V BDHOLL | DER'S SIGNATUR | DE |

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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