

REQUEST FOR ACCREDITATION COURSE PROVIDER LIFE LICENSE QUALIFICATION PROGRAM (LLQP)

This form is addressed to life insurance companies and professional and training organizations entitled to sell products and provide services in Canada. It is required to obtain the pre-authorization to sign the *Licence agreement relating to the implementation of a Canada-wide insurance of persons (life and health) qualification program.*

PART 1 – IDENTIFICATION OF THE ORGANIZATION

Legal name			
Business or registration number / Educational Institution Code		Year established	

PART 2 – IDENTIFICATION OF THE APPLICANT (SIGNATORY OF THE AGREEMENT)

Ms.	<input type="checkbox"/>	First name(s)		Last name	
Mr.	<input type="checkbox"/>				
Title			Telephone (business)		
				Ext.	
E-mail					

PART 3 – IDENTIFICATION OF THE PERSON WHO WILL BE IN CHARGE OF THE LLQP TRAINING PROGRAM (IF DIFFERENT FROM SIGNATORY)

Ms.	<input type="checkbox"/>	First name(s)		Last name	
Mr.	<input type="checkbox"/>				
Title			Telephone (business)		
				Ext.	
E-mail					

INFORMATION ABOUT THE ORGANIZATION

Civic No.		Street		Suite	
City			Province		
				Postal code	
Telephone no.			Website		
Field of work	<input type="checkbox"/> Life insurance company (Number of contracted certified life and A&S insurance agents : _____)				
	<input type="checkbox"/> Training establishment/school				
	<input type="checkbox"/> Association (Number of certified life and A&S insurance agent members _____)				
	<input type="checkbox"/> Other (specify) : _____				
Are there mechanisms in place in your organization to verify the criminal records of persons responsible for training?					
<input type="checkbox"/> No					
<input type="checkbox"/> Yes (explain): _____					

PART 4 – OVERVIEW OF THE DEPARTMENT IN CHARGE OF TRAINING IN THE ORGANIZATION

1. Does the person in charge of the training program (identified in part 3) hold at least 2 years of experience in life insurance training/education over the last 10 years?

- Yes
- No, (explain how your organization plans on making up for this absence of life insurance expertise)

2. Has the person in charge of the training program (identified in part 3) held a life insurance agent licence for at least 2 years over the last 10 years?

- Yes
- No, (explain how your organization plans on making up for this absence of life insurance expertise)

3. How many employees or certified trainers are involved in the LLQP training?

Number of employees/certified trainers: _____

4. What are the requirements to act as a trainer for your organization?

5. What other departments, teams or resources collaborate with the training department/team on mandates regarding the training of future life insurance agents?

Please attach your organization chart to this form.

PART 5 – TRAINING PROPOSAL

6. For which insurance category would your organization like to be accredited as an approved LLQP course provider? (You may check 2 boxes if applicable.)

- Accident and sickness insurance
- Life insurance

7. In what language would your organization like to offer training? (You may check 2 boxes if applicable.)

- English
- French

8. In which Canadian provinces and territories would your organization like to be accredited as an LLQP approved course provider? (You may check more than one box if applicable.)

PROVINCES AND TERRITORIES	NUMBER OF PHYSICAL LOCATIONS BY PROVINCE AND TERRITORY <i>- It's not required to have a point of service in each jurisdiction in which you want to be accredited -</i>	
<input type="checkbox"/> Alberta	_____ point(s) of service.	<i>For distance and on-line training, indicate 0 points of service.</i>
<input type="checkbox"/> British Columbia	_____ point(s) of service.	
<input type="checkbox"/> Manitoba	_____ point(s) of service.	
<input type="checkbox"/> New Brunswick	_____ point(s) of service.	
<input type="checkbox"/> Newfoundland and Labrador	_____ point(s) of service.	
<input type="checkbox"/> Northwest Territories	_____ point(s) of service.	
<input type="checkbox"/> Nova Scotia	_____ point(s) of service.	
<input type="checkbox"/> Nunavut	_____ point(s) of service.	
<input type="checkbox"/> Ontario	_____ point(s) of service.	
<input type="checkbox"/> Prince Edward Island	_____ point(s) of service.	
<input type="checkbox"/> Québec	_____ point(s) of service.	
<input type="checkbox"/> Saskatchewan	_____ point(s) of service.	
<input type="checkbox"/> Yukon	_____ point(s) of service.	

<p>9 How many candidates does your organization plan on training on a yearly basis? (In all provinces and territories)</p>	
<p>Number of life insurance candidates: _____</p>	<p>Number of A&S candidates: _____</p>
<p>10. What type of training does your organization plan on using to train candidates? (You may check more than one box if applicable.)</p>	
<p><input type="checkbox"/> In-class training</p> <p><input type="checkbox"/> Synchronous on-line training (in real time)</p> <p><input type="checkbox"/> Asynchronous on-line training (student-selected schedule)</p> <p><input type="checkbox"/> Tutoring/Mentoring/Coaching (individualized approach)</p> <p><input type="checkbox"/> Task-based training</p> <p><input type="checkbox"/> Others (specify):</p>	
<p>11. Does your organization plan on developing supplemental material to complement the standardized exam preparation material developed by CISRO? (Please describe the nature of the material, if applicable.)</p>	
<p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes (explain):</p>	
<p>12. On what legal framework will the training for the competency “Establish an ethical practice, in compliance with the rules governing the life insurance sector” be based? (You may check 2 boxes if applicable.)</p>	
<p><input type="checkbox"/> Civil code (Quebec)</p> <p><input type="checkbox"/> Common Law (Canadian provinces and territories other than Quebec)</p>	

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13. Based on the scope of the evaluated competencies (the Curriculum and the form to request access to the detailed plans of the exam preparation material are available on the Publications page of the CISRO website , which courses or modules of your training program will allow candidates to achieve the LLQP competencies?		
COMPETENCY	TITLE OF COURSES OR MODULES COVERING THE TARGETED COMPETENCY	TIME SPENT ON COMPETENCY
Develop an ethical professional practice, in compliance with the rules governing the life insurance sector (in Quebec and/or elsewhere in Canada)		
Recommend individual and group life insurance products adapted to the client's needs and situation		
Recommend individual and group accident and sickness insurance products adapted to the client's needs and situation		
Recommend segregated funds, individual annuities and group pension plans adapted to the client's needs and situation		
14. Which of your training program's courses or modules target competencies that are not evaluated as part of the LLQP?		
TITLE OF COURSE OR MODULE	COMPETENCY TARGETED BY TRAINING	TIME SPENT ON COMPETENCY

15. Will global or modular evaluations be used by your organization to attest that candidates have mastered the competencies targeted by the LLQP exam?

- Global evaluation (one sanction to evaluate all competencies)
- Modular evaluation (one sanction for each of the training program's competencies, courses or modules)

16. a) What types of evaluations (exams, portfolios, case studies...) does your organization plan on using to attest that candidates have mastered the competencies targeted by the LLQP exam?

b) How many evaluations does your organization plan on using?

c) What will be the weighting of each evaluation in regard to the global verdict?

a)

b)

c)

Please attach to this form all relevant documents pertaining to your organization's training proposal.

PART 6 – TRAINING QUALITY CONTROL MECHANISMS

17 Please describe the processes, means or other mechanisms that your organization plans to implement in order to control training quality.

18 Please describe the processes, means or other mechanisms that your organization plans to implement in order to control the quality of pedagogical tools.

19 Please describe the processes, means or other mechanisms that your organization plans to implement in order to control the quality of evaluations.

Please attach to this form all relevant documents pertaining to training quality control mechanisms.

PART 7 – DECLARATION OF APPLICANT

I declare that:

- The organization I represent fully supports the LLQP governing principles set out in Schedule D of the *Licence agreement relating to the implementation of a Canada-wide insurance of persons (life and health) qualification program* ;
- If applicable, the trainers hired to provide training have the skills required to take charge of candidates' training;
- The information provided on this form and in the attached documents is accurate;
- The organization I represent has not been sued by a student/candidate or convicted of a criminal or penal offense in relation to its training service activities in the past five years;
- The organization I represent has not been convicted by a foreign court, in the past five years, of an offense related to its training service activities that, if committed in Canada, could have led to criminal or penal accusations.

- Yes
- No

The organization I represent undertakes to:

- Provide quality training covering all components listed in the Curriculum published on the CISRO website;
- Evaluate the skills and knowledge of candidates diligently;
- Preserve candidates' evaluations for a period of 2 years;
- Provide the *LLQP Governance Committee*, through the officially designated system, a training verdict (success or failure) within 10 business days following the end of training, for each student for whom an exam preparation material usage authorization was emitted;
- Provide the *LLQP Governance Committee* and any jurisdictional representative having submitted a request with copies of training plans, course outlines, evaluations used, additional study material developed according to the licensing agreement for use of the standardized exam preparation material distributed by CISRO, and, if applicable, a detailed list of trainers under contract;
- Inform the *LLQP Governance Committee* as well as the representative of each jurisdiction where its training is accredited of any modification brought to the training for which it has been accredited as a course provider;
- Provide further information to the *LLQP Governance Committee* requested for this accreditation.

- Yes
- No

I authorize the *LLQP Governance Committee* to forward all information provided for the accreditation of my organization as a course provider to jurisdictions identified in question 8 of the present form.

- Yes
- No

Date: _____
 year month day

**REQUEST FOR ACCREDITATION
COURSE PROVIDER
LIFE LICENSE QUALIFICATION PROGRAM (LLQP)**

Please submit your form and documents by e-mail, to the following address:

llqp.pqap@lautorite.qc.ca