



MEMBER'S APPLICATION TO BE GRANTED PDUs

APPLICANT IDENTIFICATION

FORM

Name of applicant:	
Address:	City:
Province:	Postal code:
Telephone:	Extension:
Fax:	
E-mail:	
Authority certificate no.	

DESCRIPTION OF TRAINING ACTIVITY

Name of supplier:	
Name of trainer:	
Title of activity:	
Date of activity:	
Location of activity:	Length of activity (excluding meals):
No. of PDUs requested: (1 hour = 1 PDU)	

TYPE OF ACTIVITY

Activity given during a convention
or a symposium(workshop, seminar, training session)

- Classroom course
- Distance learning
- On-line course
- Other, explain: ____





MEMBER'S APPLICATION TO BE GRANTED PDUs (cont.)

CATEGORY AND SUBJECTS

FORM

Administration	Insurance Techniques	Ethics and the professional practice of damage
Management	Personal lines automobile insurance	insurance
 Financial accounting Economics Marketing 	 Home insurance Commercial lines insurance Building services 	 Civil law Laws and regulations pertaining to the protection of personal information
Human resources management	Loss prevention	Commercial law
Information systems management	Risk management	Professional Development
Business strategies	Claims adjustment Investigation techniques	Sales techniquesData processing

DOCUMENTS TO BE SENT TO THE ChAD

- The training activity's course plan, including general objectives, specific objectives and the length of time required to cover each area;
- The complete resume of each trainer, showing the relevance of their experience;
- Proof of attendance or successful completion;
- The duly completed *Application for the Granting of PDU: Fee Calculation Form;*
- Payment.







CALCULATION OF FEES IN ORDER TO BE GRANTED PDUs

GRANTING FEES

New file analysis	\$50,00
No. of PDUs (PDUs x \$10)	\$
Sub-total (1)	\$
QST (5%) (GST №. 874370026) (2)	
	\$
Calculate 5% of the sub-total (1)	
QST (9.975%) (QST N°. 1022135623) (3)	\$
Calculate 9,975% of the sub-total (1)	
Payment due (1+2+3) :	\$
METHOD OF PAYMENT	
Cheque D Money Order (Made out to the order of the Chambre d dommages)	e l'assurance de
Visa 🔄 Master Card 📋	
Card no.	y date:
CVC Code	:
Cardholder's name:	
Cardholder's address:	
Signature	

Date of signature

Please return your duly completed form to:

Chambre de l'assurance de dommages Professional Development Department 999 de Maisonneuve Blvd. West, Suite 1200, Montreal, QC H3A 3L4 Tel: 514-842-2591 or 1-800-361-7288 Fax: 514-842-3138