

Important information

This form must be completed by any organization requesting accreditation to become a course provider for the Life Licence Qualification Program (LLQP) in Canada.

GENERAL INFORMATION

PART 1 – IDENTIFICATION OF THE COURSE PROVIDER										
INFORMATION ON THE COURSE PROVIDER										
Legal name										
Language:		English <input type="checkbox"/>		French <input type="checkbox"/>						
Civic No.		Street					Suite			
City				Province			Postal code			
Telephone (main)					Telephone (other)				Ext.	
Website				E-mail						
Organization type		<input type="checkbox"/> College/university <input type="checkbox"/> Training organization <input type="checkbox"/> Association (number of certified representatives): _____ <input type="checkbox"/> Firm (number of certified representatives under contract): _____								
IDENTIFICATION OF THE PROGRAM ADMINISTRATOR										
Ms. <input type="checkbox"/>	Mr. <input type="checkbox"/>	First name					Last name			
Date of birth		____ / ____ / ____		Language: English <input type="checkbox"/> French <input type="checkbox"/>						
year		month		day						
Civic No.		Street					Suite			
City				Province			Postal code			
Telephone (main)					Telephone (other)				Ext.	
Cell				E-mail						
EXPERIENCE OF THE PROGRAM ADMINISTRATOR										
Experience in life insurance							_____ years			
Experience in financial services							_____ years			
Teaching experience							_____ years			
Training management experience							_____ years			

Please attach the program administrator's CV.

Number of life insurance candidates: _____	Number of A&S candidates: _____
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4. 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.) **For online training, please put an X in Number of Locations.**

PROVINCES AND TERRITORIES	NUMBER OF LOCATIONS	PROVINCES AND TERRITORIES	NUMBER OF LOCATIONS
<input type="checkbox"/> Alberta	_____	<input type="checkbox"/> Nunavut	_____
<input type="checkbox"/> British Columbia	_____	<input type="checkbox"/> Ontario	_____
<input type="checkbox"/> Manitoba	_____	<input type="checkbox"/> Prince Edward Island	_____
<input type="checkbox"/> New Brunswick	_____	<input type="checkbox"/> Québec	_____
<input type="checkbox"/> Newfoundland and Labrador	_____	<input type="checkbox"/> Saskatchewan	_____
<input type="checkbox"/> Northwest Territories	_____	<input type="checkbox"/> Yukon	_____
<input type="checkbox"/> Nova Scotia	_____		

5. On what legal framework will the training for the competency “Develop an ethical practice, in compliance with the rules governing the life insurance sector” be based? (You may check both boxes, if applicable.)

- Civil Code (Québec)
- Common law (provinces and territories other than Québec)

6. What type of training does your organization intend to use? (You may check more than one box, if applicable.)

- In-class training
- Synchronous online training (in real time)
- Asynchronous online training (student-selected schedule)
- Tutoring/mentoring/coaching (individualized approach)
- Task-based training
- Other (specify):

7. 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.)

- No
- Yes (explain):

8. Based on the scope of the evaluated competencies (the Curriculum and the form to request access to the detailed plans of the exam preparation manuals are available [in the LLQP section](#) of the [CISRO website](#)), which courses or modules of your training programs will allow candidates to achieve the LLQP competencies?

COMPETENCY	TITLE OF COURSE OR MODULE COVERING THE TARGETED COMPETENCY	CONTACT HOURS	TOTAL HOURS
Develop an ethical professional practice, in compliance with the rules governing the life insurance sector (in Québec 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			

9. Which of your courses or modules target competencies that are not evaluated as part of the LLQP?

TITLE OF COURSE OR MODULE	COMPETENCY TARGETED BY TRAINING	CONTACT HOURS	TOTAL HOURS

ACCREDITATION REQUIREMENTS

PART 3 – PROGRAM MANAGEMENT - ADMINISTRATIVE STRUCTURE

PROGRAM COMMITTEE

Please indicate the names and titles of all persons involved in the administration of your training programs and their responsibilities.

NAME	TITLE	RESPONSIBILITIES
<i>Ex: John Doe</i>	<i>Program development specialist</i>	<i>Content development</i>

Please attach your organizational chart and the CVs of all persons involved in the administration of your program.

PROTECTION OF PERSONAL INFORMATION

What measures are taken to ensure that the personal information obtained during program registration, delivery and evaluation is validated and protected?

Please attach a document describing the measures taken for each of the steps described above.

COMPLAINT MANAGEMENT

What processes are in place to process student complaints (filing, reception, analysis, timeframe, communication, etc.)?

Please attach your complaint management policy, if applicable.

EDUCATIONAL STRUCTURE

What essential steps are taken when developing your programs (needs analysis, program design, etc.)?

Please attach a document describing the process used in developing your programs.

DOCUMENTS TO ATTACH

Please attach the following documents:

- Program administrator’s CV
- Organizational chart
- Program Committee members’ CVs
- Document describing measures to protect personal information
- Complaint management policy
- Document(s) explaining your program development process

PART 4 – EDUCATIONAL PLANNING

EDUCATIONAL PLANNING PROCESS

Important information

This part relates to the process used to develop and prepare teaching activities in order to achieve the program's objectives or competencies.

What essential steps are taken during the educational planning process (setting objectives, determining content, teaching activities and methods, etc.)?

Please attach a document describing the educational planning process used for your program.

DOCUMENT TO ATTACH

Please attach the following document:

- A description of your educational planning process

PART 5 – PROGRAM DELIVERY

DELIVERY CONDITIONS

Important information

This part relates to the delivery conditions of training programs or activities as well as the learning environment. The term "conditions" is understood to mean the characteristics of training programs or activities (delivery methods, platform, method for evaluating the number of teaching hours, etc.).

What are the general delivery conditions for your programs?

- In-class training

Online training

Please attach a detailed description of the delivery conditions of the program.

Describe how you ensure that instructors/trainers follow the course plan and content.

PREVENTION OF ACADEMIC FRAUD AND COLLUSION

Are measures in place to prevent academic fraud and collusion?

- Yes
- No

Please describe these measures or attach a document explaining them.

Please attach your academic fraud and collusion prevention policy.

PROGRAM DELIVERY IN MULTIPLE LANGUAGES (if applicable)

For programs delivered in multiple languages, please describe the measures in place to ensure equivalent language quality.

How do you that ensure that the qualifications of your instructors/trainers are equivalent in each of the languages in which the programs are delivered?

Do you use the services of professional translators or revisers?

- Yes
- No

If so, do you use them systematically?

- Yes
- No

Please attach the translation certificates for your programs, if applicable.

LEARNING ENVIRONMENT

Describe the learning environment and support offered to students according to the type of training.

In-class training

Description:

Online training

Describe the measures in place to foster learning and manage programs (management system used, security, controls, user help, recording of activities, etc.):

Indicate the number of instructors/trainers available to support students:

Number of instructors/trainers available: _____ for _____ students.

Please attach your learning environment and student support policy.

INSTRUCTORS/TRAINERS

Describe your instructor/trainer recruitment policy (qualifications required, experience, licences, etc.).

Do you verify the credentials of your instructors/trainers (integrity, credit history and disciplinary records)?

- Yes
- No

If so, please explain what verifications are done.

Please attach your recruitment policy.

DOCUMENTS TO ATTACH

Please attach the following documents:

- Document describing program delivery conditions
- Document describing academic fraud and collusion prevention measures
- Learning environment and student support policy
- Instructor/trainer recruitment policy

PART 6 – CERTIFICATION

DEVELOPMENT AND MANAGEMENT OF QUESTION BANK

Important information

This part relates to learning assessment and certification. Learning must be assessed in a context that ensures the validity and reliability of results. Please provide detailed answers and the required documentation, if applicable.

How do you ensure that only students who have a satisfactory level of learning are administered the exams?

What are the certification requirements for your programs (number of exams, types of assessment, passing grade, correction method, etc.)?

Please attach your assessment and certification policy.

Are the question banks used for certification purposes (summative assessment) used in addition to other types of assessments?

- Yes
- No

What are the essential steps in developing your assessment tools?

CERTIFICATION EXAM DEVELOPMENT PROCEDURES

Are your certification exams developed by industry professionals?

- Yes
- No

Describe your exam development procedures (exam structure and table of specifications, content selection and validation, answer keys, etc.).

Please attach your exam development procedures.

Describe your question banks (number of items per module, number of exam versions per module, rotation of exams, etc.):

Please attach any relevant documentation on your exams and the assessment process.

ADMINISTRATION OF CERTIFICATION EXAMS

Describe in detail your exam administration procedures (admission, proctoring, correction, delivery of results, etc.):

Describe the rules in effect during exam sessions (general rules, *force majeure*, fraud and collusion, etc.).

Describe the measures in place to ensure exam security and confidentiality.

Please attach detailed exam administration procedures.

Describe your exam assessment update procedures.

Please attach your detailed exam assessment update procedures.

DOCUMENTS TO ATTACH

Please attach the following documents:

- Certification exam development procedures
- Detailed certification exam administration procedures
- Certification exam security procedures
- Exam assessment update procedures

PART 7 – PROGRAM EVALUATION AND CONTINUOUS IMPROVEMENT

Important information

This part relates to the evaluation and continuous improvement of your training programs. Please answer each question in detail and provide any pertinent documentation.

Do you perform post-training evaluations?

- Yes
- No

If so, please indicate the procedures used to evaluate your programs and the usefulness of the data collected.

Please provide a sample of one of your post-training evaluations.

If applicable, what is the satisfaction rate for your training programs? _____

How often do you update your programs? _____

DOCUMENT TO ATTACH

Please attach the following document:

- Post-training evaluation

DECLARATIONS

Important information

The program administrator must complete this part.

I declare that the organization I represent:

1. 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; Yes No
2. 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; Yes No
3. 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
4. undertakes to respect the terms of the licence agreement signed or to be signed with the Autorité des marchés financiers; Yes No
5. undertakes to register the students registered in its course or program in the Canadian Insurance Participant Registry (CIPR); Yes No
6. undertakes to provide quality training covering all components listed in the Curriculum published on the CISRO website; Yes No
7. undertakes to evaluate the skills and knowledge of candidates diligently; Yes No
8. undertakes to preserve candidates' evaluations for a period of two years; Yes No
9. undertakes to provide the LLQP Governance Committee and any jurisdictional representative that has 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 instructors/trainers under contract and third-party instructors/trainers; Yes No
10. undertakes to inform the LLQP Governance Committee as well as the representative of each jurisdiction where its training is accredited of any change made to the training for which it has been accredited as a course provider; Yes No

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

llqp.pgap@lautorite.qc.ca