



CIFP Retirement Institute CE Accreditation Form

Please use this form to apply for CIFP Retirement Institute CE credits for your continuing education activity.

Please Note: one individual application form is required for each CE Submission

1. Education Provider Information

Name of Education Provider _____

Address _____

City _____

Postal Code _____

Province _____

Telephone _____

Website _____

2. Application Contact Person

First Name _____

Last Name _____

Telephone Number _____

E-mail _____

3. Education Provider Accountability

You may only submit an accreditation application for your own programs. You cannot delegate this to a third party and no third-party submissions will be accepted.

The applicant agrees to accept the following responsibilities:

1. Ensure that all information submitted on the application is accurate.
2. Verify that all material submitted are the same as the content presented in the course/program for which accreditation is being applied for.
3. Maintain attendance records for a minimum two-year period (i.e. sign in and sign out sheets).
4. Provide completion certificates to attendees which include first and last name, CE activity code, completion dates and the number of credits/hours awarded.
5. Ensure that completion certificates are only sent to individuals who attend the CE activity.
6. Keep all records completely confidential.
7. Maintain records of all CE activity submissions for a minimum period of 5 years.
8. Shred any paper files and permanently delete all electronic files following the fifth year.
9. Provide a 30-business day turn-around for CE activity completion certificates.
10. Provide appropriate CE activity codes based on the confirmed accreditation.

I agree to abide by the CIFP Retirement Institute regulations in submitting my continuing education activity.

Signature



4. Accreditation Information

CE Activity Title _____

CE Activity Title (French) _____

Start Date _____

End Date _____

Audience

- Retirement Planning
- Estate Planning
- Financial Planning
- Risk Management
- Investment Management
- Tax Planning
- Ethics and Professional Responsibility

Format

- Self Study (including an assessment)
- Instructor-led

Number of CE Credits (or Hours) _____

5. Completion Information

- Attendance only
- Assessment (i.e. quiz or test)

6. Accreditation Fees

Administration Fee	\$25.00 + GST/HST per submission
Accreditation Fee	\$200.00 + GST/HST per submission (Unlimited Credits)

Please submit your supporting materials (.pdf file of course content and a copy of the assessment) to the following e-mail address: accreditation@retirementinstitute.ca.

Please include the form name and course title in the subject line so that Retirement Institute staff can attach the materials to the correct application.

CE application reviews can take up to 30 business days and approval documentation will be sent to the e-mail address included on this application form.

7. Payment Details

I authorize the CIFP Retirement Institute to charge my method of payment for the sum of \$225.00 + GST/HST.

Mastercard
 VISA
 American Express

Credit Card Number: _____

Expiry Date: _____

Name on Card: _____

CVC: _____

Total Amount: \$225.00 + GST/HST*

*Taxes will be charged based upon the province in which the education provider is located as per the contact details section of this form.