

## Identifying Information

Mr.  Ms.  Miss  Mrs.

First Name	Initial	Last Name	Advocis ID no.

## Mailing Address

This address is:  Business  Home

Company Name		
Street Address		
City	Province	Postal Code
Business Telephone	Fax	
E-mail Address		

## Course Equivalency

Please indicate the program you are seeking equivalency for:

- CLU®: Chartered Life Underwriter**
- CHS®: Certified Health Insurance Specialist**
- Advocis CFP® Certification Program**

## Supporting Documentation

Please include the following with your application:

**Designation:**  Letter of Good Standing: \_\_\_\_\_ or,

**Course/Program:**

- Certificate of Completion/Transcript (completed within the last 4 years), and
- Detailed syllabus/table of contents of the course material for assessment purposes

## Submit Completed Form

Please submit your completed application along with supporting documentation to:

**Mail:** 390 Queens Quay West, Suite 209 • Toronto, ON • M5V 3A2

**Fax:** 416.444.8031

**Email:** info@advocis.ca

*\*If emailing, please indicate on subject line: Equivalency Application*

Once your application has been reviewed and evaluated, you will be sent an email with the result of your application.

## Electronic Communications Consent

I consent to receive commercial electronic messages from Advocis, The Financial Advisors Association of Canada, together with its subsidiaries and affiliates, including but not limited to The Institute, GAMA International Canada, Advocis Protective Association, and Advocis Broker Services. I understand that I can opt-out or update my email preferences at any time by contacting Advocis at the address or email provided on this form.

For information on Advocis' administrative policies please visit [advocis.ca/ALC/FAQ.aspx](http://advocis.ca/ALC/FAQ.aspx).

Date MM / DD / YYYY