

Sample Cover letter for LLQP Course Provider Application

Date

contactcentre@fsrao.ca

Attention: Senior Manager, Regulatory and Credential Oversight Unit
Financial Services Regulatory Authority of Ontario
25 Sheppard Avenue West, Suite 100, Toronto, ON, M2N 6S6

Re: Application for Approval as a LLQP Course Provider

(Salutation),

Purpose of application:

- State that the organization is applying for accreditation by the Financial Services Regulatory Authority of Ontario (FSRA) for a LLQP course
- State the name of the course for which accreditation is being sought

Brief description of the applicant:

- What does the organization do, including its mandate?
- Organization's experience in delivering education courses, including years of experience and the industry it serves
- Who will be the primary contact to correspond with FSRA regarding the application

List of documents included in the application:

- Course outline
- CISRO national recommendation for accreditation
- A copy of Employment and Social Development Canada (ESDC) recognition as a Certified Educational Institution, if available

Name of individual submitting application on behalf of organization

Organization Name

Phone Number

Email Address

Website