

Instructions

This form is to be used by a person or entity applying for approval as a credentialing body and to offer an approved financial planner or financial advisor (FP/FA) credential under the *Financial Professionals Title Protection Act, 2019* (FPTPA).

This form must be completed in its entirety. Supporting documentation is required to be submitted along with the application. Scanned documents or links to materials are acceptable to demonstrate compliance. Please label documents to correspond with the appropriate Part and Section of the form.

The application must be signed by the CEO or member of the executive management team who is authorized to sign on behalf of the person or entity.

Part A is the application for the approval of a new credentialing body (Section 4 of the [Financial Professionals Title Protection Rule \(FPTP Rule\)](#)).

Part B is the application for the approval of a new FP/FA Credential. (Sections 5 & 6 of the [FPTP Rule](#)).

If your organization is already an approved credentialing body and seeks evaluation and approval of a new credential(s), please complete Part B only.

Please refer to the [Approach Guidance – Financial Professionals Title Protection - Administration of Applications \(Application Guidance\)](#) for further information relating to the application requirements.

A FSRA representative will contact the applicant if further information is required. Approved credentialing bodies will be assigned a FSRA representative who will act as their principal contact for all inquiries and submissions.

Part A - Credentialing Body Application Form

Acknowledgement

Name of person or entity _____

acknowledges that FSRA will be using the information provided in this application, including links and attachments, to determine whether to approve

(a) [Name of person or entity] _____
as a credentialing body under the FPTPA, and

(b) [Name of person or entity] _____
proposed credentials under the FPTPA.

The undersigned is authorized to submit this application on behalf of
[Name of person or entity] _____

and the statements and declarations made in this application are true, correct, and complete.

The individuals listed as directors/officers/partners in this application, if any, have been notified of the disclosure to FSRA of information related to them for the purposes of this application.

[Name of person or entity] _____

acknowledges that FSRA will store the information in this application and may disclose the information within FSRA for all purposes related to an approval sought by the applicant, or in connection with any other regulatory purpose or consistent purpose that is authorized and performed by FSRA in the future.

Providing false, misleading or incomplete information on this application and/or any attachments or links provided may be sufficient grounds to reject the application, revoke prior approval, or give rise to other regulatory sanctions.

Name of individual authorized to submit application	Title
Signature	Date(yyyy/mm/dd)

Exhibit 1 – Corporate Information

Exhibit 1 requires basic information about the person or entity applying for approval as a credentialing body. Please attach any relevant documents such as the constating documents of the entity.

1. Business Type and Legal Name (please select the appropriate type)

Corporation

Legal Name of the Corporation

List the officers and directors of the corporation and attach an organization chart identifying the structure of the corporation.

Partnership

Name of Partnership

Type of Partnership

General Partnership Limited Partnership

Names of the Partner(s)

List the officers and directors of the partnership and attach an organization chart identifying the partners and the structure of the partnership.

Sole Proprietor

Last Name (legal name in Canada)

First Name

Middle Name

Is the sole proprietor a resident of Canada?

Yes No

Attach an organization chart identifying the structure of the sole proprietorship.

2. Registration/Jurisdiction information (applies to corporation/partnerships only)

Corporation/Registration Number

Jurisdiction of Incorporation Formation

3. Will the entity operate under a registered business name?

Yes No

If yes, complete the following information and attach the Master Business License.

Registered business name (if applicable)

Master Business License Number

Master Business License Expiry Date (yyyy/mm/dd)

4. Principal business address in Ontario (location of books and records of the organization)

Unit Number	Street Number	Street Name	
City/Town		Province/State	Postal Code/Zip Code

5. Mailing address for service in Ontario (if different from above)

Unit Number	Street Number	Street Name	
City/Town		Province/State	Postal Code/Zip Code

6. Name and contact information of the individual who will respond to any requests for information by FSRA on behalf of the entity.

First Name	Last Name
Email Address	Telephone Number

7. Does the entity hold any other registration(s) / accreditation(s) in Ontario or another jurisdiction?

Yes No

If yes, please describe the registration(s) / accreditation(s) below:

8. Please provide the contact information of the person who will be responsible for the handling of complaints:

First Name	Last Name
Email Address	Telephone Number

Exhibit 2 – Credentialing Body Framework

Exhibit 2 requires information about the applicant's business plan for operating as an approved credentialing body.

Section 4 of the [FPTP Rule](#) outlines the requirements for approval of a credentialing body. Please provide copies of relevant documents to demonstrate how the applicant intends to comply with these requirements. The Application Guidance provides additional information on how applicants can demonstrate compliance with the requirements of the FPTP Rule.

Exhibit 3 – Suitability of Directors/Officers/Partners

1. Has the person or entity or anyone with executive, management or supervisory roles had a license or registration refused, revoked, suspended or cancelled under any legislation which required registration or licensing to deal with the public in any capacity in any province, territory, state or country; or has the person or entity held such a licence or registration and been the subject of a disciplinary proceeding that resulted in a penalty being imposed (e.g. suspension, termination, reprimand, surrender, monetary penalty, etc.)?

Yes No

If yes, please attach background information and supporting documents.

2. a) Has the entity or anyone with executive, management or supervisory roles been declared bankrupt or made a voluntary assignment in bankruptcy, made a proposal under any legislation relating to bankruptcy or insolvency, or is it presently party to bankruptcy proceedings?

Yes No

If yes, please attach background information and supporting documents.

2. b) Has the bankruptcy been discharged?

Yes No

3. Are there any unpaid judgments outstanding against the entity or its signing officers?

Yes No

If yes, please attach a copy of each judgment. State amount outstanding and repayment arrangements.

4. Has the entity or anyone with executive, management or supervisory roles ever pleaded guilty or been found guilty of an offence under any law of any province, state, territory, or country? Or is the entity or anyone with executive, management or supervisory roles currently the subject of any charges, sanctions or conditions?

Yes No

If yes, please attach details.

5. Has there been any adverse judgment rendered in the last five (5) years, against the entity or anyone with executive, management or supervisory roles to a regulatory body in any province, territory, state or country that was or is, based in whole or in part, on fraud, theft, deceit, misrepresentation, forgery, or similar conduct; or based in whole or in part, on professional negligence or misconduct (including claims paid by your errors and omissions insurance carrier or bonding company)? Or is the entity or anyone with executive, management or supervisory roles currently the subject of any lawsuits?

Yes No

If yes, please attach details.

6. Has the person or entity in the last five (5) years had any business relationship terminated for its conduct, or for the conduct of its directors/officers/partners or employees for breach of confidentiality, breach of trust, fraud or misappropriation of funds, theft or forgery?

Yes No

If yes, please attach details.

Part B – Application for the approval of a FP/FA Credential

Approval of Part B is subject to the entity being approved as a credentialing body (Part A) and is subject to Terms and Conditions.

If your organization is already an approved credentialing body and seeks evaluation and approval of a new credential(s), please complete Part B only.

Sections 5 & 6 of the [FPTP Rule](#) outline the requirements for approval of a FP/FA Credential. Please provide a copy of your proposed credential's curriculum (e.g. competency chart(s) or body of knowledge) and any other relevant documents to demonstrate compliance with these requirements.

Please select one of the credentials below:

- Financial Planner (FP) Financial Advisor (FA)

Credential name _____

What is the total number of individuals that hold the credential at the time of this application?

of total credential holders _____

Only complete below if applying for more than one credential:

Please select one of the credentials below:

- Financial Planner (FP) Financial Advisor (FA)

Credential name _____

What is the total number of individuals that hold the credential at the time of this application?

of total credential holders _____

Please select one of the credentials below:

- Financial Planner (FP) Financial Advisor (FA)

Credential name _____

What is the total number of individuals that hold the credential at the time of this application?

of total credential holders _____