

Canadian Professional Insurance Broker

Elective Course Evaluation Application CPIB

Name _____
Last First Middle

Brokerage _____ IBAS Member? Yes No

Brokerage Street Address _____ (Box No.) _____ City _____ Province _____ Postal Code _____

Telephone _____ Fax _____ Email _____

Elective Course Evaluation Information

Please review the following courses to find whether they are equivalent to the CPIB indicated. I have attached my school transcript and a description of the course from the institution where the credit was obtained.

Elective Course Name and Number

	Equivalent Course Name	Institution	CPIB Equivalent Course Name
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

CPIB Stream: Personal Lines Commercial Lines Broker Management

<input checked="" type="checkbox"/>	Item	Fee	Sub-Total	# of credit transfers	Total
	Member Per 1 Credit Transfer	\$ 75.00	\$ 78.75		\$
	GST	\$ 3.75			
	Non-Member Per 1 Credit Transfer	\$ 100.00	\$ 105.00		\$
	GST	\$ 5.00			

Prices are subject to revision.

GST Registration Number: 107509283RT

Total Fee Enclosed: \$ _____ Cheque Visa MasterCard

Name on card _____ Signature _____

Card Number _____ Expiry Date _____

I hereby request and authorize you to draw against my credit card the above mentioned sum. All such withdrawals from my credit card account by you shall be treated as though they had been signed by me personally. This signed contract copy is legally binding; faxed contracts will be treated as an original.

Important Notice: Corporate credit cards are not accepted.

For Administrative Use Only

Date Sent: