

Certified Workers' Compensation Professional ©LASIE2003
Louisiana Association of Self Insured Employers

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Application for Recertification

This form should be submitted by recertification applicants by December 31st of the year in which certification expires. This form should be accompanied by:

1. Evidence of Continuing Education forms documenting 24 hours of continuing education; and
2. \$100 recertification fee;
3. If all 24 hrs. of continuing education credit requirements have been met by attending LASIE sponsored conferences or seminars, step 1 will not be required and the recertification fee will be waived.

Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____

Fax: () _____

E-mail: _____

Signature of Applicant: _____

Application Date: _____

CWCP Designation Received (month/year): _____

For Internal Use Only	
Date Received:	
Reviewed By:	
Date Approved:	
\$100 Recertification Fee Rec'd:	
Check #:	