

# Louisiana Association of Self Insured Employers

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## Application for Recertification

**This form should be submitted by recertification applicants by December 31<sup>st</sup> 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;
2. \$100 recertification fee;
3. If all 24 hrs. of continuing education credit requirements have been met by attending the annual LASIE conferences, 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 #:	