

Louisiana Association of Self Insured Employers

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Continuing Education Certificate of Attendance

(Optional - This form should only be used if a copy of the original certificate is not provided.)

This form is to certify that the person named below attended the following program on the date(s) indicated.

Name: _____

Title: _____

Company Name: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Course Name: _____

Sponsoring
Organization: _____

Course Date(s): _____

Course Length: _____

Print Name of Sponsor: _____

Sponsor Authorized Signature: _____

Date: _____

For Internal Use Only	
Date Received:	
Reviewed By:	
CE Hours Approved:	
Date Approved:	