

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

Post Office Box 4151
Baton Rouge, LA 70821-4151
Phone: (225) 338-0705
(800) 277-8362



Fax: (225) 383-6414
Website: www.LASIE.org
E-mail: kay@lasie.org

Evidence of Continuing Education

This form should be used if the course has not been pre-approved by LASIE.

1. Submit a form for each continuing education course (make additional copies of form if needed).
2. Attach evidence of attendance for each course (optional Certificate of Attendance form may be used) and a copy of an agenda or outline of the seminar material. (Not required if the course or seminar was sponsored by LASIE.)

Course Name: _____

Course Date: _____

Location: _____

Sponsoring Organization: _____

Course Length: _____

Course Was Pre-
Approved:

Yes No

Signature: _____

Date: _____

For Internal Use Only	
Date Received:	
Reviewed By:	
Date Approved:	
Credit Hrs. Rec'd:	