

# Louisiana Association of Self Insured Employers

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## Continuing Education Course Pre-Approval Request

To obtain continuing education pre-approval, a request form must be completed by an individual or sponsoring organization for each course they wish to be pre-approved. Attach a copy of an original agenda showing length of presentations and speaker information. Return the information to Louisiana Association of Self Insured Employers at the address shown above:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Fax: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Course Name: \_\_\_\_\_

Sponsoring  
Organization: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Course Length: \_\_\_\_\_

For Internal Use Only	
Date Received:	_____
Reviewed By:	_____
Date Approved:	_____
Hrs Approved:	_____