

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:	_____
Hrs. Approved:	_____
Date Approved:	_____