

# LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

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## EVIDENCE OF CONTINUING EDUCATION

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

1. Course must relate to workers' comp.
2. Submit a form for each continuing education course (make additional copies if needed).
3. 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 \_\_\_\_\_

NUMBER OF CE HOURS YOU ARE APPLYING FOR \_\_\_\_\_

COURSE WAS PRE-APPROVED  YES  NO \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_

FOR INTERNAL USE ONLY	
DATE RECEIVED	
REVIEWED BY	
HRS APPROVED	
DATE APPROVED	