



# LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

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## APPLICATION FOR CWCP SPONSOR ACCREDITATION

30 Days prior to activity, mail to:  
PO Box 4151  
Baton Rouge, LA 70821-4151

A \$25 filing fee is due upon application. Please make checks payable to LASIE.

SPONSOR SUBMITTING COURSE	CONTACT PERSON
NAME _____	NAME _____
ADDRESS _____ _____	PHONE _____
SPONSOR NUMBER _____	FAX _____
	EMAIL _____

**COURSE INFORMATION**

COURSE TITLE \_\_\_\_\_

COURSE DATE \_\_\_\_\_ START TIME \_\_\_\_\_ END TIME \_\_\_\_\_

MEETING SITE \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

COURSE INSTRUCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Credit Hours: To compute the number of credit hours enter the total number of minutes of teaching on the first line and divide by 60 minutes. Time allotted for breaks, meetings, or meals does not qualify for CE hours.

**360 / 60 MINS = 6 HOURS**

TOTAL MINUTES: \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

### METHOD OF INSTRUCTION

- CLASSROOM / LECTURE
- SEMINAR

- PROFESSIONAL ASSOCIATION
- \* IN HOUSE TRAINING & WEB SEMINARS ARE OT ACCEPTED

### INSTRUCTORS AUTHORIZED TO SIGN CERTIFICATE OF ATTENDANCE

AUTHORIZED SIGNATURE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_