LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

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CONTINUING EDUCATION CORUSE 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 / POSITION		
COMPANY NAME		
ADDRESS		
CITY STATE ZIP		
PHONE NUMBER		
FAX		
E-MAIL		
COURSE NUMBER		
SPONSORING ORGANIZATION		
COURSE DATE(S)		
COURSE LENGTH		
	FOR INTERNAL USE ONLY	
	DATE RECEIVED	
	REVIEWED BY	
	HRS APPROVED	
	DATE APPROVED	