

# LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

PO Box 4151  
Baton Rouge, LA 70821-4151  
Phone | 225.338.0705  
Toll Free | 800.277.8362



Fax | 225.383.6414  
Website | lasie.org  
Email | caitlin@lasie.org

## APPLICATION FOR RECERTIFICATION

**This form should be submitted by recertification applicants by December 31st of the year in which certification expires. This form should be accompanied by:**

1. Evidence of Continuing Education forms documenting 24 hours of continuing education;
2. \$100 recertification fee;
3. If all 24 hrs. of continuing education credit requirements have been met by attending the annual LASIE conferences, step 1 will not be required and the recertification fee will be waived.

NAME \_\_\_\_\_

TITLE / POSITION \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY | STATE | ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

**SIGNATURE OF APPLICANT** \_\_\_\_\_

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

**CWCP DESIGNATION RECIEVED (MONTH/YEAR)** \_\_\_\_\_

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