

LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

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CONTINUING EDUCATION CERTIFICATE OF ATTENDANCE

(Optional - This form should only be used if a copy of the original certificate is not provided.)

This form is to certify that the person named below attended the following program on the date(s) indicated.

NAME _____

TITLE / POSITION _____

COMPANY NAME _____

ADDRESS _____

CITY | STATE | ZIP _____

PHONE NUMBER _____

FAX _____

E-MAIL _____

COURSE NUMBER _____

SPONSORING ORGANIZATION _____

COURSE DATE(S) _____

COURSE LENGTH _____

PRINT NAME OF SPONSOR _____

SPONSOR AUTHORIZED SIGNATURE _____

DATE _____

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