

# Louisiana Association of Self Insured Employers

Post Office Box 4151  
Baton Rouge, LA 70821-4151  
Phone: (225) 338-0705  
(800) 277-8362



Fax: (225) 383-6414  
Website: [www.LASIE.org](http://www.LASIE.org)  
E-mail: [whitney@lasie.org](mailto:whitney@lasie.org)

## 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: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Course Name: \_\_\_\_\_

Sponsoring  
Organization: \_\_\_\_\_

Course Date(s): \_\_\_\_\_

Course Length: \_\_\_\_\_

Print Name of Sponsor: \_\_\_\_\_

Sponsor Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For Internal Use Only	
Date Received:	
Reviewed By:	
CE Hours Approved:	
Date Approved:	