



LOUISIANA ASSOCIATION OF SELF INSURED EMPLOYERS

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APPLICATION FOR CMSP 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 _____