



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 _____
_____	FAX _____
SPONSOR NUMBER _____	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	
<input type="checkbox"/> CLASSROOM / LECTURE	<input type="checkbox"/> PROFESSIONAL ASSOCIATION
<input type="checkbox"/> SEMINAR	* IN HOUSE TRAINING & WEB SEMINARS ARE OT ACCEPTED

INSTRUCTORS AUTHORIZED TO SIGN CERTIFICATE OF ATTENDANCE	
AUTHORIZED SIGNATURE _____	
PRINTED NAME _____	
TITLE _____	DATE _____