

Self-Insurance Continuing Education Sponsor/Instructor Application for Course Approval

This form is used by sponsors/instructions to apply for approval of continuing education credits. Continuing education courses must be designed to **increase** the participant's knowledge or skill regarding the administration of workers' compensation claims under Title 51 RCW.

Course Accreditation Process for Sponsor/Instructors

1. Submit a Self-Insurance Continuing Education Sponsor/Instructor Application for Course Approval and supporting course information to the Department of Labor & Industries (L&I). To support your request, you may include documentation regarding the course (i.e. PowerPoint slides, handouts, speaker notes, agenda with time allotments, instruction biographies, etc.) for review by the committee to determine credits. Approval and credit determinations will be based on the documentation submitted.
2. Your application will be pre-screened for completeness, and may be returned to you if it lacks all the necessary information. If returned to you, you must resubmit the entire package.
3. The Self-Insurance Curriculum Advisory Committee will review courses and advise the Department on continued education (CE) credit approval.
4. To obtain CE credit approval, topics covered must be classified under one or more of the following categories (see Continuing Education Credit and Categories on our website for more information the categories):
 - Claims Management
 - Safety
5. You will be notified in writing of acceptance or denial of the course; and if accepted, the number of credits assigned. Once the committee has reviewed the materials, no additional documentation will be accepted.

Instructor Commitment

By submitting an application for CE approval, the instructor makes a committee to:

- Deliver education programs through to their completion.
- Issue a certificate of completion to each attendee who completes the course with the course name, date, and course ID number (if already approved by the Department), or sign the Self-Insurance Continuing Education Report of Course Completion form.
- Maintain a roster of attendees who completed the course, and provide a copy of that roster to L&I upon request. The roster must be retained for six (6) years, and include:

Name of attendee	Course location
Course name	Sponsor's name and address
Course approval number	Instructor's name
Course date(s)	

The Department of Labor & Industries is responsible for establishing continuing education requirements and credit. For additional information on CE credits and assignments, visit Continuing Education Credits and Categories on our website.

Questions?

- Visit our website: www.Lni.wa.gov/SelfInsurance
- Call 360-902-6904

Self-Insurance Continuing Education Sponsor/Instructor Application for Course Approval

Self-Insurance Program
PO Box 44890
Olympia WA 98504-4890
Fax: 360-902-6977
Email: SIContEdU@Lni.wa.gov

For Department Use Only			
<input type="checkbox"/> Approved	Course ID #: _____	<input type="checkbox"/> Denied	Date: _____
Course of Credits Assigned			
Claims Management:		Safety:	

The Department reserves the right to request additional information before approving a course or assigning credits. Credit hours requested cannot exceed the total time spent providing the instruction in a classroom or during a live webinar.

COURSE	Course Title		
	Location		
	Date(s) or Date Span	No. of Attendees (or No. Expected)	Indicate below the number of credit hours requested per category.

COURSE DELIVERY METHOD	<input type="checkbox"/> Classroom <input type="checkbox"/> Live webinar <input type="checkbox"/> Online/Self-Guided Instruction		
	<input type="checkbox"/> Other Course Delivery Method (Explain in Detail)		

CATEGORY DEFINITION THAT APPLY	<input type="checkbox"/> Claim Management — Requesting		Credit hour(s)
	<input type="checkbox"/> Safety		Credit hour(s)

SPONSOR CONTACT PERSON for public registration	Sponsor Name		
	Address		
	City	State	Zip Code
	Contact Person	Contact Phone Number	
	Fax Number	Email Address	
	Sponsor's Web Address		

INSTRUCTOR	Instructor(s) Name	
	Phone Number	Email Address

