

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

- 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 name Course approval number Course date(s) Course location Sponsor's name and address Instructor's name

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: <u>www.Lni.wa.gov/SelfInsurance</u>
- 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: <u>SIContEdU@Lni.wa.gov</u>

For Department Use Only Denied Date:				
Course of Credits Assigned			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 Title		
COURSE	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	Classroom	Live webinar ivery Method (Explain in Detail)	Online/Self-Guided Instruction

CATEGORY DEFINITION THAT APPLY	Claim Management — Requesting	Credit hour(s)
	Safety	Credit hour(s)

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

	Instructor(s) Name		
INSTRUCTOR	Phone Number	Email Address	

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Instructor Qualifications

Provide years of experience and in what capacity, administering Title 51 RCW, and/or relevant experience to the topic you are teaching:

The following must be provided for the committee to be able to award credit(s):

- A course agenda showing detailed time allotments.
- A detailed description of the course including the learning objective and training method.

To support your request include a copy of course texts, references, handouts, PowerPoint slides, speaker notes, webinar materials, etc. Course information will not be shared outside the Department/committee.

The information you supply must support the number of credit hours requested and the learning objectives.

Will you be measuring the effectiveness/success of your course?	🗌 Yes	🗌 No
If "Yes", specify how you will accomplish that measurement:		

Your application will be pre-screened for completeness, and may be returned to you if it lacks adequate information. Once your materials are reviewed by the Curriculum Advisory Committee, additional documentation will not be accepted. You will be notified of approval or denial of the course.

You signature on this form constitutes a signed agreement to adhere to the Washington State Self-Insurance Continuing Education Standards and Criteria.

Print Name of Requestor

Signature of Requestor

Email Address

Phone Number

Date