

Self-Insurance Continuing Education Application for Course Approval and Attendance

This form is for Certified Claims Administrators to apply for continuing education (CE) credits for a course attended that has not been approved for credits.

- Do use this option if the sponsor has or will be requesting course approval.
- Continuing education courses must be designed to *increase* the participant's knowledge or skill regarding the administration of workers' compensation under Title 51 RCW.

Course Approval and Attendance Process

- Submit this application and supporting course information to Labor & Industries (L&I). Attach all
 supporting documentation regarding the course (PowerPoint slides, handouts, speaker notes, agenda
 with time allotments, instructors biographies, etc.) for review by the committee to determine credits.
 Approval and credit determinations will be based solely on the documentation submitted.
- 2. Attach a copy of your certificate of completion for the course.
- 3. 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.
- 4. The Self-Insurance Curriculum Advisory Committee will review courses submitted for CE credit approval.
- 5. To obtain CE credit approval, topics covered must be classified under one or more of the following categories (see <u>Continuing Education Credits and Categories</u> on our website for more information on the categories):
 - Claims Management
 - Safety
- 6. 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.
- 7. If approved, L&I will update your account, giving you credit for the course.

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

Post-approval requests must be received within 60 days of course completion.

Questions?

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



Self-Insurance Continuing Education Application for Course Approval and Attendance

Self-Insurance Program PO Box 44890 Olympia WA 98504-4890

Fax: 360-902-6977

Email: SIContEDU@Lni.wa.gov

For Department Use Only						
	Course ID #:	_ De	nied	Date:		
Course of Credits Assigned						
Claims Management:		Safety	:			
hat has not bee approval. Credit	Certified Claims Administration to apply n approved for credits. Do not use this hours requested cannot exceed the tot	option	if the sponso	r has or will be requesting course		
Attendee Name						
Address						
City		State		Zip Code		
Phone Number		Email A	ddress			
	Course Title					
COURSE	Location					
333.K32	Date(s) or Date Span No. of Atte	ndees (o	No. Expected)	Indicate below the number of credit hours requested per category.		
				Online (Calf Code of Instruction		
COURSE DELIVERY METHOD	☐ Classroom ☐ Live webinar ☐ Online/Self-Guided Instruction ☐ Other Course Delivery Method (Explain in Detail)					
		1	1			
CATEGORY DEFINITION THAT APPLY	☐ Claim Management — Requesting		Credit hour(s)			
	☐ Safety		Credit h	our(s)		
	Sponsor Name					
SPONSOR						
	Address					
	City State Zip Code					
	Contact Person		Contact Phone	Number		

INSTRUCTOR	Instructor(s) Name		
INSTRUCTOR	Phone Number	Email Address	

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

- A course agenda showing detailed time allotments.
- A copy of course texts, references, handouts, PowerPoints slides, speaker notes, webinar materials, etc.
- Approval and credit determinations will be based solely on the documentation submitted.

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

our application will be pre-screened for completeness, and may be returned to you in it lacks adequate	
formation. Once your materials are reviewed by the Curriculum Advisory Committee, additional	
ocumentation will not be accepted. Once reviewed by the Curriculum Advisory Committee, you will be notificated approval or denial of the course.	ed
The same of the sa	

Print Name of Requestor	Signature of Requestor

Either a copy of the signed certificate of completion must be attached OR the shaded area below must be completed by the sponsor/instructor.

SPONSOR/INSTRUCTOR VERIFICATION OF COURSE COMPLETION				
I certify that the class information provided above is true and correct and that the applicant attended this course.				
Signature of Sponsor/Instructor	Date			
Printed Name of Sponsor/Instructor	Contact Phone Number			