

Self-Insurance Continuing Education Report of Course Completion

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

Questions?

- Visit our website: [About Self-Insurance \(wa.gov\)](http://wa.gov)
- Call: 360-902-6997

This form is for Certified Claims Administrators to report course completion for verification of continuing education credit(s). Your [SI-CATS](#) account **must** be updated prior to this form submission.

Do not use this form if the course is not on the approved list found here: [Continuing Education Courses](#)
For courses not on the list, submit the [Self-Insurance Continuing Education Application for Course Approval and Attendance](#) form. Attach a copy of the signed Certificate of Completion from the sponsor/instructor. If one wasn't provided, then have the sponsor/instructor complete the section at the bottom of the form.

I am a Certified Claims Administrator and have completed the following course that has been approved by the department for continuing education credits. I have updated my SI CATS account with my report of completion.

Name			
Address	City	State	Zip plus 4
Phone Number	Email Address		

Course Information (must be pre approved by L&I)

Course Title			
Course Date(s)		Course I.D. Number	
Course Location Name			
Course Location Address	City	State	Zip plus 4
Sponsor's Name	Instructor(s) Name		

Requestor's Signature

Date

Attach a signed certificate of Completion OR have sponsor/instructor complete area below:

Sponsor/Instructor Verification of Course Completion

I certify that the class information provided above is true and correct and the applicant attended this course.

Sponsor/Instructor Printed Name

Phone Number

Email address

Sponsor/Instructor Signature

Date Signed