



STATE OF LOUISIANA
BOARD OF EXAMINERS OF
NURSING FACILITY ADMINISTRATORS
www.labenfa.com

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REQUEST FOR APPROVAL TO OFFER
AN INDIVIDUAL CONTINUING EDUCATION COURSE

Instructions: There is a charge of \$50.00 per seminar to non-governmental organizations that charge a fee. If you charge a fee, attach a \$50.00 payment to the application (payable to: LABENFA).

1. Date of Request: _____
2. Course Title(s): _____
3. Organization(s) offering course: _____

4. Address: _____
Phone: _____ FAX: _____
5. Number of Clock Hours requested (full and half hours, only): _____
6. Date(s) of CEU: _____
7. Meeting Place(s) of CEU: _____
8. Name of Instructor(s): _____

NOTE: Attach of brief course description, agenda and brief description of each instructor's qualifications. **DO NOT** send detailed curriculum vitae.

Approved Hours: _____

Mark A. Hebert, Executive Director

Date Approved: _____