



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

(225)295-8571 Opt. #1 Fax: (225)295-8574 5647 Superior Drive Baton Rouge, LA 70816-6049

**REQUEST TO TAKE
CONTINUING EDUCATION COURSE**

NOTE: If the organization offering your seminar has not had it approved by the Louisiana Board of Examiners of Nursing Facility Administrators, you may make an individual request with this form. You must attach program information showing content, agenda, date, instructors, etc.

1. Date of request: _____
2. Title of course to be taken: _____
3. Organization offering course: _____
Phone: _____
4. Number of Clock Hours requested (full and half hours, only): _____
5. Date and meeting place course is offered (all requests must be submitted before they begin):

6. Name of Instructor(s): _____

Your Name: _____

Phone: _____

Address: _____

FAX: _____

Approved Hours: _____

Mark A. Hebert, Executive Director

Date Approved: _____