



**STATE OF LOUISIANA  
BOARD OF EXAMINERS OF  
NURSING FACILITY ADMINISTRATORS**

[www.labenfa.com](http://www.labenfa.com)

Phone: (225)295-8571 Fax: (225)295-8574

5647 Superior Drive, Baton Rouge, LA 70816-6049

**REQUEST FOR APPROVAL TO OFFER  
AN INDIVIDUAL CONTINUING EDUCATION COURSE**

**§509. Subjects for Examination and Continuing Education**

- A. The following shall be considered as guidelines with respect to the subjects for the written examination and continuing education:
  1. management and administration;
  2. environmental health and safety;
  3. resident care;
  4. therapeutic and support care services;
  5. laws, rules, regulations, and guidelines affecting long-term care.

**Instructions: Send \$50.00 per hour (3 hour minimum \$150.00) for the date and time listed below.  
(Payable to: LABENFA)**

**If course is offered on multiple dates, send payment for each course offered.  
Payments may be made by credit card. Call Office for Details.**

1. Date of Request: \_\_\_\_\_

2. Course Title(s): \_\_\_\_\_

3. Organization(s) offering course: \_\_\_\_\_  
\_\_\_\_\_

4. Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX or email: \_\_\_\_\_

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: \_\_\_\_\_

**Keep attendance records (18 months max). Provide all attendees a certificate with their name.  
Certificates should state (for example) "This course has been approved by LABENFA for \_\_\_\_\_ hours.**

Date Paid: \_\_\_\_\_ Ck #: \_\_\_\_\_ or Annual Provider #: \_\_\_\_\_ Paid thru: \_\_\_\_\_