



CSIWCP

Certified Self-Insured Workers' Comp Professional
MASI's Certified Work Comp Professional Program

MODULE I **12-11-18**

Workers' Comp Basics

MODULE II **12-12-18**

Claims Management & Medical

MODULE III **1-15-19**

Legal Principles

MODULE IV **1-16-19**

Loss Prevention & Safety

ALL CLASSES WILL BE HELD AT THE
MS Trucking Association
825 North President St.
Jackson, MS 39202

A Complete Self-Insured Workers' Comp
Program for Mississippi's WC Professionals!

24 Hours Continuing Education Credits
Limited seating available

www.masiweb.org

The CSIWCP

The Certified Self-Insured Workers' Comp Professional is a designation offered by MASI to honor individuals who excel in their knowledge and ability as professionals in the Self-Insured Workers' Comp Industry. It consists of four modules: Worker's Compensation Basics, Claims Management and Medical, Legal Principles, and Loss Prevention and Safety. Participants are allowed two years to complete the program. Six hours of ongoing continuing education in any recognized program is sufficient to maintain the designation.

Continuing Education Credits

Participants will be eligible for Six Hours of continuing education credits per module, 24 Hours for the entire course. Applications will be submitted for MS CLE, Adjusters, P/C Insurance Agents, and CCM.

Registration Fees

Member Rate: \$175 per module

Non-Member Rate: \$350 per module

Registration Fees for Entire Course

Member Rate: \$700

Non-Member Rate: \$1400

Includes Educational Materials, Lunch and Snacks

Special classes can be scheduled for groups of twelve or more. Special group discounts available.

Seating is Limited –

Please Register As Soon As Possible!

Sponsors

Sponsorships are available for lunch and snacks. Please contact the MASI office for more information.

What is MASI?

MASI is a state association dedicated to protecting and promoting the self-insurance industry for workers' comp & health in Mississippi.

For more information regarding MASI,

please contact:

Dan Gibson, Executive Director.

Phone: (601) 354-0199

dangibson@masiweb.org

www.masiweb.org

MASI CSIWCP PROGRAM
Registration Form

Please type or print all information. For multiple registrations, please copy this form. A separate form must be completed for each seminar registrant.

Name _____

First Name for name tag _____

Title _____

Company Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail _____

Check All That Apply:

_____ \$175 Member Registration Fee Per Module

_____ \$350 Non-Member Registration Fee Per Module

_____ \$700 Member Registration Fee For Entire Course

_____ \$1400 Non-Member Registration Fee For Entire Course

(Please circle numbers of modules you are taking)

I II III IV

_____ Enclosed is my check made payable to MASI in the amount of \$ _____.

You may mail or e-mail your registration to:

MASI

P.O. Box 1426

Ridgeland, MS 39158

Ph) 601-354-0199

dangibson@masiweb.org

Tax ID # 64-0872222

[REGISTER & PAY ONLINE BY CLICKING HERE!](#)