

**Certified Self-Insured Work Comp Professional**



Module 1

*Work Comp Basics*  
 March 26, 2024



Module 2

*Claims & Medical*  
 April 4, 2024



Module 3

*Legal Principles*  
 April 24, 2024



Module 4

*Safety*  
 April 30, 2024

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' Compensation industry. Participants are allowed two years to complete the program. Ongoing continuing education in any recognized program is sufficient to maintain the designation. The CSIWCP is an approved Pre-Licensing Course for Mississippi's Workers' Comp Adjuster License. All modules begin at 9 a.m. and end at 5 p.m.

**Module 1**  
**March 26**

An Overview of Work Comp  
 Compensability Fundamentals  
 Loss Prevention and Safety

**Module 2**  
**April 4**

Methods and Philosophies of Case Reserving  
 Disability Management  
 Medical Management  
 Litigation Management and Bad Faith  
 Adjusting the Claim – the Self-Insurer's Approach  
 Catastrophic Claims Management

**Module 3**  
**April 24**

Bad Faith and Fraud  
 Evaluating the Claim  
 Special Injuries – Special Cases  
 Litigation – the Employer's Perspective  
 Legal Loose Ends

**Module 4**  
**April 30**

Cost Containment Strategies  
 How to Handle an OSHA Visit  
 The Basics of Vehicle Safety  
 Working with a Safety Committee  
 The Basics of Hazard Identification  
 The Basics of Workplace Safety

**All classes will be taught by ZOOM.**

# Registration Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License Number (Mississippi Insurance Department): \_\_\_\_\_

I want to take:

- \_\_\_\_\_ Module 1
- \_\_\_\_\_ Module 2
- \_\_\_\_\_ Module 3
- \_\_\_\_\_ Module 4
- \_\_\_\_\_ All Four Modules

## Registration Fee

Member Rate: \$175 per module

Non-Member Rate: \$350 per module

All educational materials provided prior to class.

---

## Payment Information

Enclosed is my check made payable to Mississippi Association of Self Insurers in the amount of \$\_\_\_\_\_.

### Mail to:

**Mississippi Association of Self Insurers**

825 North President Street — Jackson, Mississippi 39202

(601) 749-MASI (6274)

[wendyp@masiweb.org](mailto:wendyp@masiweb.org)

Online information and payment available at [masiweb.org/events](http://masiweb.org/events).

**For more information, see the MASI website at**

**[www.masiweb.org/events](http://www.masiweb.org/events).**