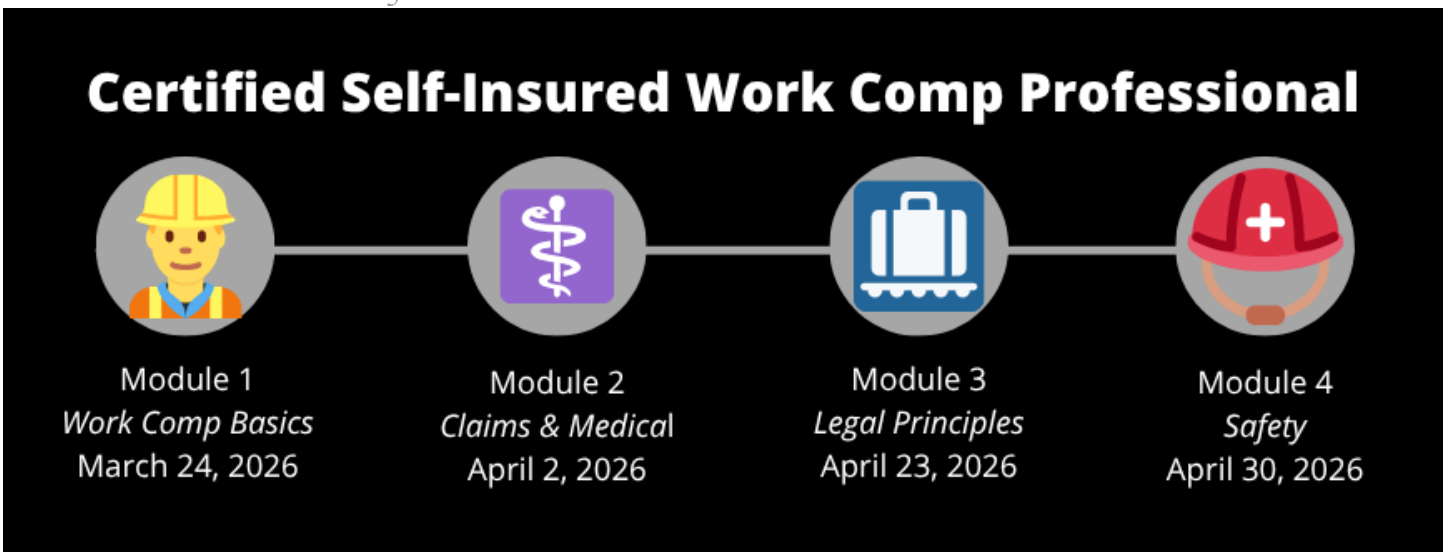
masi
MISSISSIPPI ASSOCIATION OF SELF-INSURERS
a voice of one.

More Education Opportunities Available Now!

Six Hours CEU per Module through the
Mississippi Insurance Department



The Certified Self-Insured Workers' Comp Professional (CSIWCP) designation recognizes individuals who demonstrate exceptional knowledge, skill, and professionalism in the self-insured workers' compensation industry. Offered exclusively by MASI, this program provides a comprehensive foundation for those seeking to deepen their expertise and elevate their credentials. Participants have two years to complete all required modules, and the credential is maintained through ongoing continuing education in any recognized program. The CSIWCP is also an approved Pre-Licensing Course for Mississippi's Workers' Compensation Adjuster License.

Module 1
March 24, 2026
An Overview of Work Comp
Compensability Fundamentals
Loss Prevention and Safety

Module 2
April 2, 2026
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 23, 2026
Bad Faith and Fraud
Evaluating the Claim
Special Injuries – Special Cases
Litigation – the Employer's Perspective
Legal Loose Ends

Module 4
April 30, 2026
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 taught by ZOOM from 9 a.m. to 4 p.m.

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

Online information and payment available at **masiweb.org/events.**

For more information, see the MASI website at www.masiweb.org/events.