An Affiliate of the School Nutrition Association

Request for Prior Approval of Continuing Education Units (CEUs)
Due 3 weeks prior to program/course date
Please read directions on backside before completing form.

1. Program Sponsor__________________________

2. Address____________________________________

3. Contact Person_________________________________

4. Telephone(        )_______________________________

5. Fax(      )______________________________________

6. Program/Course Title____________________________

7. Date(s) and Time(s) of Program___________________
   _______________________________________________

8. Subject Matter____________________________________
   _______________________________________________
   _______________________________________________

9. Speaker/Instructor (if space is not sufficient, attach
   Printed program)________________________________
   _______________________________________________
   _______________________________________________

10. Location of Program
    _______________________________________________
    City                                            State

11. Registration Fee $______________________________

12. Estimated SNA attendance________________________

13. CEUs requested_______________________________

14. _____________________________________________
   Signature of Program Course Sponsor

15. Attachments:  REQUIRED! Attach the following:
   □ Printed Program and/or outline of Program and/or
     outline of Program (include timing/subjects/
     registration breaks/lunch)
   □ Speaker Qualifications/Degree/Current Position
   □ Program Evaluation Form

CSNA Instructions:
Complete request for CEUs 3 weeks prior to the
activity.  Mail to:
Cristine Holmer, SNS
San Diego USD
Phone: (619) 344-4560
cholmer@sandi.net
The approved request will be returned to you.

Provide documentation (program, certificate, etc.) for
certified members to sign.  Announce that only certified
members should sign the roster and that they must list
their SNA membership number to receive credit.

For questions about certification status, please
Call SNA (800) 877-8822, (703) 739-3900,
Fax: (703) 739-3915

For Office Use Only
Date Received__________________________________
Date Processed__________________________________
Date Attendance Roster(s) Sent_____________________
Number of CEUs approved________________________
Number of CEUs requested________________________
Approved by____________________________________

PO Box 11376, Burbank, CA 91510  (818) 842-3040   (818) 843-7423  www.calsna.org
Guidelines

A. Who should approve your course?
(Approved Sponsors and CSNA Chapters are not required to get prior approval. Contact SNA for approved sponsor list.)

SNA approves continuing education courses offered in more than one state or other organization’s national conference as well as all correspondence courses, home study programs and distance education programs.

States approve continuing education courses held within the state for continuing education. Contact the designated SNA state certification representative for further information.

B. How are the amount of Continuing Education Units (CEUs) determined for a course?

One continuing education unit will be granted for each full continuous hour of instruction. Registration, break period and mealtime are excluded.

C. Are educational providers required to provide documentation of completion?
Yes. Each participant must receive documentation of completion of the CEUs. This must be a CEU certificate of completion. Certified individuals are audited by SNA are responsible for submitting certificates of completion as documentation of CEUs.

Instructions

1. Name of person/Company providing the program.
2. Complete address for program provider and where correspondence will be mailed.
3. Person who can be contacted if there are questions regarding the course being submitted for approval.
4. Phone number for contact person.
5. Fax number for contact person.
6. Title of course being submitted.
7. Date(s) and time of the course being submitted.
8. Brief explanation of course content/subject.
9. Speaker/Instructor name and brief qualifications.
10. Location of where program is being offered. If more than one location, enter “various”.
11. Fee to attend course.
12. Amount of SNA certified members expected.
13. Amount of CEUs requested for approval.
14. Signature of program provider.
15. List of attachments that must accompany this form.

For questions about certification status, please call: SNA (800) 877-8822, (703) 739-3900, FAX: (703) 739-3915