

CREDIT ACTIVITY FORM

<p>Washington School Food Service Association Credit Activity Form</p> <p>Date: _____ ASFSA ID# _____</p> <p>Member Name: _____</p> <p>Program / Activity Title: _____</p> <p>Time of Program / Activity: _____</p> <p>Approved by: _____</p> <p>Approved for _____ Continuing Education Units</p> <p>Signature of President or Certification Person: <i>Do Not Send to ASFSA – For Personal Records Only</i></p>	<p>Washington School Food Service Association Credit Activity Form</p> <p>Date: _____ ASFSA ID# _____</p> <p>Member Name: _____</p> <p>Program / Activity Title: _____</p> <p>Time of Program / Activity: _____</p> <p>Approved by: _____</p> <p>Approved for _____ Continuing Education Units</p> <p>Signature of President or Certification Person: <i>Do Not Send to ASFSA – For Personal Records Only</i></p>
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