

SCHOOL NUTRITION ASSOCIATION ATTENDANCE ROSTER

Date: _____

Chapter Name _____ Chapter Number _____

Program Title/Activity: _____

Educational Provider: _____

Certification Credits Approved By: _____ (Approval required before activity)

Continuing Education Credits (CEU's) _____ hrs.

DIRECTIONS:

1. All **CERTIFIED** members sign below.
2. Send Roster and a copy of Approval Form within 30 days of activity to: (Keep a copy of Roster for Proof of Records)
School Nutrition Association, S. 700 Washington Street, Suite 300, Alexandria, VA 22314-4287

	Membership Number (Need # to receive credit)	Name (Please Print Neatly)	State	Hours Completed
1.			WA	
2.			WA	
3.			WA	
4.			WA	
5.			WA	
6.			WA	
7.			WA	
8.			WA	
9.			WA	
10.			WA	
11.			WA	
12.			WA	
13.			WA	
14.			WA	
15.			WA	
16.			WA	
17.			WA	
18.			WA	
19.			WA	
20.			WA	
21.			WA	
22.			WA	
23.			WA	
24.			WA	

Remember to attach a signed copy of your Request for Program Certification Approval