Washington School Nutrition Association Washington School Nutrition Association Credit Activity Form Credit Activity Form Date: ______ Member # _____ Date: ______ Member # _____ Name: ____ Name: **Program/Activity Title: Program/Activity Title: Location of Program/Activity: Location of Program/Activity:** Time of Program / Activity: Time of Program / Activity: Approved by: _____ Approved by: _____ Approved for: Key Course Hours Approved for: Key Course Hours ____CEU's ____ CEU's **Signature of President or Certification Person Signature of President or Certification Person** Do Not Send to SNA - For Personal Records Only Do Not Send to SNA - For Personal Records Only **Washington School Nutrition Association Washington School Nutrition Association Credit Activity Form Credit Activity Form** Date: _____ Member # _____ Date: _____ Member # _____ Name: Name: _____ **Program/Activity Title: Program/Activity Title: Location of Program/Activity: Location of Program/Activity:** Time of Program / Activity: _____ Time of Program / Activity: Approved by: _____ Approved by: _____ Approved for: _____ Key Course Hours Approved for: _____ Key Course Hours _____ CEU's _____ CEU's **Signature of President or Certification Person Signature of President or Certification Person** Do Not Send to SNA - For Personal Records Only Do Not Send to SNA - For Personal Records Only