



School Nutrition Association Iowa – School Nutrition Association
 CERTIFICATION PROGRAM

Request for Prior Approval of Continuing Education Credits (CECs)
 Due 6 weeks prior to program/course date

Making the right food choices, together.

Date Submitted _____
 Name Program Chairperson _____
 Address of Chairperson _____

Sponsoring Organization:
 Chapter _____ No. _____
 Area School _____ No. _____
 Other _____
 Date of Event _____
 Estimated SNA Certified Members Attending _____

FOR PRIOR APPROVAL COMMITTEE USE	
Date Received	_____
Date Processed	_____
Action	_____
By	_____
Number of CECs Approved	_____
Number of Type Forms Sent	_____

Date	Program/Course Title (Attach program if available)	Program Objectives/ Subject Matter Included/ Work Relationship	Speaker(s) Qualification/ Degree Current Position	Beginning and Ending Program Time	CECs Requested	CECs Approved

BFN = Bureau of Food and Nutrition, Iowa Department of Education; ISU = Iowa State University

*Certification credit hours allowed in one-hour units.

Send all copies of form to State Certification Prior Approval Chairperson. Response and forms will be sent to person making request.

Cheryl Spring, SNAI Prior Approval Chair P O Box 10 5608 Merle Hay Rd Johnston IA 50131
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