

# SCHOOL NUTRITION ASSOCIATION ATTENDANCE ROSTER

Date: \_\_\_\_\_

Chapter Name \_\_\_\_\_ Chapter Number \_\_\_\_\_

Program Title / Activity: \_\_\_\_\_

Educational Provider: \_\_\_\_\_

Certification Credits approved by: \_\_\_\_\_ (Needs approval before Activity)

Continuing Education Units (CEU's) \_\_\_\_\_ hrs.

**DIRECTIONS:**

1. All **CERTIFIED** members sign below
  2. Person in charge of approved certified activity/meeting should keep the signed roster for auditing purposes.
- DO NOT SEND ROSTER TO SNA**

	Membership Number <small>(Need # to receive credit)</small>	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	