



SCHOOL NUTRITION ASSOCIATION OF PENNSYLVANIA

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CONTINUING EDUCATION CREDIT (CEU) REQUEST

Sponsor _____ Chapter Number _____
Person Submitting _____ Phone _____ Fax _____
Address _____ City _____ Zip _____
Email _____@_____

1. Date and Time of Meeting _____
2. Type of Meeting (Chapter, workshop, etc.) _____
3. Length of Educational Part of Meeting (min. 1/4 hr.) _____
4. Program Title/Theme _____
5. Location of Meeting _____ Number Expected _____

6. Meeting Details:
- Give title and name of speaker, demonstration or visual aids.
 - Give description of tours.
 - Attach a printed program or agenda with times listed.
 - Program must be related to professional standards-key areas to qualify for education credit and be at least 1/4 hour in length.

7. Are you requesting reimbursement for chapter expenses? NO _____ YES _____ amount: \$ _____

Note: Reimbursable expenses include speakers, equipment rental, room rental fees, AV expenses and other education related expenses approved by the Nutrition Education chair.

Is a fee being charged to the attendees? _____ If yes, how much per person? _____

The maximum allowable reimbursement per meeting is \$60. Expenses are to be submitted on a Reimbursement Request Form to the address below after the meeting.

8. Submit this CEC request at least two weeks prior to the activity to:

SNAPA
1121 North Bethlehem Pike
Suite 60-227
Spring House, PA 19477

or e-mail to:
executivedirector@snapa.org

A CEU attendance verification certificate will be sent along with the approved CEU form.

FOR STATE USE ONLY

Approved Activity Number _____

Approved Number of Hours _____ Date _____ Nutrition Education Chair Initials _____