FORM C

Minnesota School Nutrition Association

APPROVAL CAN TAKE UP TO 4 WEEKS

SUBMIT ONE MONTH PRIOR TO ACTIVITY TO:

Sharon Maus
MSNA Administrative Coordinator
21997 Co Rd 141
Kimball MN 55353
320-251-2344 OR 1-877-251-2344
FAX: 320-251-2343

REQUEST FOR APPROVAL OF CLOCK HOURS

For the School Nutrition Association Certification Program

DIRECTIONS: Please type or print clearly. Please provide complete information**. Attach a brochure, registration form, announcement, etc., publicizing the activity and the time(s) instruction will take place**. Attach additional information (agenda, outline, syllabus, etc.) regarding the objectives/outcomes/content of the activity.

Name of Activity: _____ Sponsor: _____

Location: _____ Date(s) Held: _____

Is this activity open to food service employees from other districts? (circle one) YES NO

Type of Request: (circle one) INDIVIDUAL: If you are requesting for yourself only GROUP: If you are requesting for a group

Requester: _____ Date: _____

Address: _____
number & street city state zip

Phone: W (_____) _____ FAX (_____) _____

TITLE OF INDIVIDUAL SESSIONS	INSTRUCTOR(S)	TITLE AND DATE OF CURRICULUM USED	OBJECTIVES / OUTCOMES / CONTENT (ATTACH ADDITIONAL INFORMATION)	CEU'S REQUESTED **	KEY AREA CLOCK HOURS REQUESTED**

TOTAL CLOCK HRS REQUESTED** _____ _____

** Break periods, mealtimes, registration, etc. must be excluded from the number of requested clock hours.

KEY AREA HOURS MUST BE IN 2 HOUR INCREMENTS TO MEET THE SNA REQUIREMENTS.