



**Minnesota School
Nutrition
Association**



FORM C

APPROVAL CAN TAKE UP TO 4 WEEKS

SUBMIT ONE MONTH PRIOR TO ACTIVITY TO:

Sharon Maus, 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 fill out the information below and click on the submit button at the bottom of the page. Follow the instructions to Email this form. Adobe Acrobat 7 is needed to complete the process. If you are using other pdf software, you may be required to save this form, attach it to an Email and send it to msna@citescape.com. 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, 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? (check one) YES NO

Type of Request: (check 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** _____

As of 8/1/08 ALL Key Area clock hours must be in 2 hour increments.

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