PERSONAL CONTINUING EDUCATION UNIT (CEU) RECORD

You are responsible for keeping track of CEUs earned. You <u>DO NOT</u> need to submit documentation for CEUs unless contacted by SNA for an audit.

Member Name _____ **SNA Member ID Number** _____

School District _____

Street Address _____

City, State, Zip _____

Program Title	Type of Activity	Program Sponsor	Date Completed	Number of CEUs Earned

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