PERSONAL CONTINUING EDUCATION UNIT (CEU) RECORD

You are responsible for keeping track of CEUs earned. You DO NOT 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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