PERSONAL CONTINUING EDUCATION UNIT (CEU) RECORD FORM

You are responsible for keeping track of CEUs earned. You are only required to submit documentation for CEUs if contacted by SNA for audit of your Certificate or SNS.

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

School District/Company _____

Street Address _____

City, State, Zip _____

Program Title	Type of Activity *(i.e. workshop, webinar)*	Program Sponsor	Date Completed	Number of CEUs Earned

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_____ _____

Member Name **SNA Member ID Number**

Program Title	Type of Activity *(i.e. workshop, webinar)*	Program Sponsor	Date Completed	Number of CEUs Earned