



CORE COURSE APPROVAL GUIDELINES

Introduction

The School Nutrition Association (SNA) offers Core Course approval guidelines for school nutrition education courses. These approved Core Courses are used by individuals pursuing an initial SNA Certificate, moving levels or as CEUs for SNA's certificate and SNS credential renewal.

The Core Course Approval Form, payment, and required attachments must be submitted to SNA for review 6-8 weeks prior to the course date. Once the course is approved, SNA will send notification via email which will include a certificate template. Each participant must receive documentation of completion for the approved Core Course.

Core Courses

Core Courses are workshops, seminars or online courses that meet objectives and goals which help to achieve best practices. Core Courses:

- Must be at least 8 hours of instructional time (*does not include registration time or breaks*)
- Can be broken down into modules and bundled (*i.e. two 4 hour sessions = 8 hours, or four 2 hour sessions = 8 hours*).
- Must fall under one of the following categories:
 - Nutrition Education
 - Food Safety & Sanitation

Application Fees - *Completed Core Course Approval Forms received less than 6 weeks prior to the program will need to include a \$50 rush fee along with the correct application fee listed below.*

Program Minutes	Hours Awarded	*SNA Approved Education Providers	Individuals, School Districts or Associations	Industry Members
480	8	\$0	\$75	\$100
481 – 900	8.1 – 15	\$0	\$100	\$120
901 – 1200	15.1 – 20	\$0	\$105	\$125
1201 – 1500	20.1 – 25	\$0	\$125	\$145
1501 – 1800	25.1 – 30	\$0	\$145	\$165
1801 or +	30.1 or +	\$0	\$165	\$185

***SNA Approved Education Providers:** School Nutrition Foundation (SNF), SNA State Affiliates, State Agencies/State Department of Education (DOE), US Department of Agriculture (USDA), National Food Service Management Institute (NFMSI), Academy of Nutrition and Dietetics (AND), Dietary Managers Association (DMA).

Submitting Application (*If paying by credit card please fax the completed form and attachments.*)

If this is a national conference, national program or being held in more than one state, please mail or fax the completed CEU Approval Form, application fee, and required attachments to SNA Headquarters:

ALL Core Course requests must be approved by SNA Headquarters. The Core Course Approval Form should be submitted for approval prior to offering the course.

Mail to: School Nutrition Association
 Attn: Education
 120 Waterfront Street, Suite 300
 National Harbor, MD 20745

Fax to: (301) 686-3115
 Attn: Education

Email: education@schoolnutrition.org



CORE COURSE APPROVAL FORM

Due 6-8 weeks prior to program date. Applications submitted less than 6 weeks prior to program date must include a rush fee of \$50 along with the application fee.

(Please Print or Type)

PART I - CONTACT DETAILS

Program Provider: _____

Address: _____

City, State & Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

Email: _____ Signature: _____

For MSNA Use Only	
Received:	_____
Processed:	_____
Hours approved:	_____
Hours requested:	_____
Approved by:	_____

PART II – CORE COURSE DETAILS

Core Course Title: _____

Core Course Development Date: _____ State: _____

Course Type: Nutrition Education Course Food Safety & Sanitation Course

Hours Requested: _____ (minimum 8 hours of instructional time - do not include registration or breaks)

Program Type: Workshop Conference Webinar Online College Course

*Home Study - Participant must complete a test documenting course completion. The test must be submitted to the educational provider for grading.

PART III - REQUIRED ATTACHMENTS (All attachments must be submitted along with this completed form)

- Content Summary
- Course Evaluation Form
- Course Curriculum (Syllabus, manuals, videos)
- Course Outline (Sessions & times, registration, breaks, meals)
- Learning Objectives
- Speaker Bio (Qualifications/Degree/Title)

PART VI - PAYMENT (If paying by credit card, please fax the completed Core Course Approval Form & attachments)

Check (Make payable to SNA) Visa MasterCard AMEX Discover

Name on Credit Card: _____ Expiration Date: _____

Card Number: _____ Signature: _____

Amount Enclosed: \$ _____

<p>Mail to: Professional Development Chair Misty Newland, RDN, LDN 1400 West Geo Space Drive , Independence, MO 64056 Misty_Newland@idschools.org</p>	<p>Submit payment to: Missouri School Nutrition Association, MSNA CEU 2100 I-70 Drive Southwest Columbia, MO 65203</p>
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