



**Missouri School Nutrition Association
Certification/Credentialing Reimbursement Request**

Complete all requested information for your Certification or Credentialing. Mail the completed form, along with a copy of your Certification or Credentialing certificate (print a copy by logging into the SNA website - MySNA) to MSNA, 2100 I-70 Dr SW, Columbia, MO 65203. Allow 3-4 weeks for your reimbursement to arrive.

Member Name: _____

Member Number: _____

County: _____

Mailing Address: _____

Phone number: _____

Email address: _____

Certification

Certification Level Reached: _____

Date of Certification: _____

Total Application Fee to be reimbursed: _____

Credentialing

Credentialing Test Date: _____

Credentialing Effective Date: _____

Test Fee: _____

1st Year Annual Fee: _____

Total to be reimbursed: _____