



# SCHOOL NUTRITION SPECIALIST (SNS) CREDENTIALING EXAM APPLICATION



(Print or type all information)

**Part I - APPLICANT INFORMATION - Preferred Mailing Address:**  Home  Work  
Check here  if membership application has been submitted, but no membership number has been provided

SNA Membership Number: \_\_\_\_\_ Sex:  Male  Female

First Name \_\_\_\_\_ Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Company (If Work Address is Preferred) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Exam Date \_\_\_\_\_ Exam Location \_\_\_\_\_

List Special Exam Accommodations Needed (if any – attach documentation supporting indicated accommodations needed) \_  
\_\_\_\_\_

**Part II - ACADEMIC REQUIREMENT - \*Submit college transcript (unofficial transcript acceptable)**

Check all that apply:  60 College Credits  Associate's Degree  
 Bachelor's Degree  Master's Degree  
 Doctorate Degree Major/Area: \_\_\_\_\_

**\*NOTE: If your college transcript lists less than 90 earned college credits,  
please review the table on page 3 "Option I"**

**Part III - EXAM FEE PAYMENT -**  \$ 225.00 SNA Member  \$ 325.00 Non-Member  
**NOTE:** Add an additional \$40.00 (late fee) for applications submitted or postmarked after the registration deadline.

**If paying by check:** mail the application, documentation and payment to:

**SNA c/o SNS Credential**  
2900 S Quincy St, Ste 700  
Arlington, VA 22206

Check  Money Order

**If paying by credit card:** fax your application, documentation and payment to: **(703) 824-3015**

Visa  MasterCard  American Express  Discover

Card Holder's Name \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

**Part IV - WORK EXPERIENCE REQUIREMENT - Minimum of 1 year work experience within the past 5 years.**

Total Years of Experience in the field:  1-5 years  6-10 years  10-15 years  16+ years

1. Current Employer \_\_\_\_\_

Title \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Setting:

- |  |   |
|--|---|
| <input type="checkbox"/> School Nutrition Program (District/State/Federal)                         | <input type="checkbox"/> SNA State/National Association Staff |
| <input type="checkbox"/> Community Nutrition Program (Child Care/Head Start)                       | <input type="checkbox"/> State/Community Agency               |
| <input type="checkbox"/> College/University/Technical/Culinary Program<br>(Staff/Faculty/Research) | <input type="checkbox"/> Trainer/Consultant/Industry Staff    |
|  | <input type="checkbox"/> Other _____                          |

2. Previous Employer \_\_\_\_\_

Title \_\_\_\_\_ From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_

Setting:

- |  |   |
|--|---|
| <input type="checkbox"/> School Nutrition Program (District/State/Federal)                         | <input type="checkbox"/> SNA State/National Association Staff |
| <input type="checkbox"/> Community Nutrition Program (Child Care/Head Start)                       | <input type="checkbox"/> State/Community Agency               |
| <input type="checkbox"/> College/University/Technical/Culinary Program<br>(Staff/Faculty/Research) | <input type="checkbox"/> Trainer/Consultant/Industry Staff    |
|  | <input type="checkbox"/> Other _____                          |

**STATEMENT OF UNDERSTANDING:** I have read and understand the information provided in the SNS Exam Handbook. I understand the content of the examination is confidential and agree not to disclose any contents. I authorize SNA to publish my name and state in a list of SNS professionals on the SNA website. I declare that all the information I have provided is true to the best of my knowledge. I understand that SNA reserves the right to verify any or all information on this application or in connection with my credential. Therefore, I understand and agree that my failure to provide information that is true, respond to authorized SNA requests for additional information or abide by SNA policies and procedures shall constitute grounds for rejection of my application or denial or revocation of my credential.

**(APPLICATION MUST BE SIGNED AND DATED)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** You will receive a confirmation email within 7-10 working days of submitting your application. If you do not receive an email, please contact at 800-877-8822 or [certsns@schoolnutrition.org](mailto:certsns@schoolnutrition.org) to confirm SNA has received your application and you are eligible to sit the exam. Registrations and application approvals cannot be completed at the examination site.

**SNS EXAM APPLICATION CHECKLIST**

- Part I** Completed Applicant Information
- Part II** Completed Academic Requirement and Submit College Transcript
- Part III** Exam Fee Payment *(Include late fee if submitted or postmarked after the exam registration deadline posted on the SNA website)*
- Part IV** Completed Work Experience Requirement
- Part V** ADA Special Accommodations Documentation (if any) - SNA must be informed of exam needs or modifications in writing with supporting medical documentation at the time of application submission

MAKE A PHOTOCOPY OF YOUR APPLICATION FOR YOUR RECORDS.  
Please call the SNA Service Center at (800) 877-8822 or email [certsns@schoolnutrition.org](mailto:certsns@schoolnutrition.org) with any questions.  
SAVE MONEY! Become a member of SNA when you apply to sit for the SNS Exam. For a membership application, call SNA's Service Center.