

Texas Association for School Nutrition

5910 Courtyard Drive # 230 Austin, TX 78731

Toll Free: 800-444-5189 Fax: 512-371-0125

Email: info@tasn.net

CERTIFICATION RENEWAL APPLICATION

Applicant must be a current TASN member in order to become re-certified.

The fee for renewal is \$10.00 annually.

INFORMATION	
Name _____	TASN Membership # _____ Certification # _____
School District _____	Title _____
Address _____	City _____ Zip Code _____
Telephone Home _____	Work _____
Email _____	Fax _____
Last Certification Date _____	
Last Level of Certification _____	Years of Experience _____

I, the undersigned, **verify the accuracy of the information contained in this application and that all continuing education credits required for renewal at this level have been completed and maintained.** Furthermore, I understand that any Certification issued by TASN which is based upon information found to be false will be revoked and the person to whom the Certification was issued will be subject to denial of any other Certification issued by TASN. I hereby give permission to release information regarding certification records to the authorized representative of the school district where I am employed.

Signature of Applicant

Title

Date

Payment Information: TASN USE ONLY

Discover ___ Visa ___ Master Card ___ AmEx ___ Credit Card/Check # _____

Security Code (On back of card) _____ Expiration Date _____

Total Amount Enclosed/Charged: _____

Name on Card: _____ Billing Zip Code: _____

Billing Address (if different from above address):

