JOURNEYMAN WRITTEN EXAM

Local Association: ________________________________________________________________

Candidate Name: _______________________________________________________________

Is Candidate a Current Member of the SC Beekeepers Association?       YES NO (circle one)

Note: Candidate MUST be a current year member of SCBA in order for any achievement to be recorded.

Address: _________________________________________________________________________

Email: ___________________________________________________________________________

Phone: __________________________________________________________________________

Written Exam Date: _________________________   Score:  _________________________________

Location: _________________________________________________________________________

Written Exam Proctor Name: _________________________________________________________

Proctor’s SCBA Certification Level: ___________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: __________________________________________________________________

Re-Take Exam Date: _________________________   Score:  _________________________________

Location: _________________________________________________________________________

Written Exam Proctor Name: _________________________________________________________

Proctor’s SCBA Certification Level: ___________________________________________________

Note: Certification as SCBA Journeyman or above is required to Proctor at this level.

Proctor’s SIGNATURE: __________________________________________________________________
PUBLIC SERVICE CREDITS

Briefly summarize the PSC Credits earned: *(5 Credits are required)*
1. _________________________________________________________________________________
2. _________________________________________________________________________________
3. _________________________________________________________________________________
4. _________________________________________________________________________________
5. _________________________________________________________________________________

Date Portfolio Submitted: _________________________ Complete: _____________________________
Location: ______________________________________________________________________________
SCMBP Committee Member(s) Reviewing: ___________________________________________________
SIGNATURES: ____________________________________________ Date __________________________
____________________________________________________________________________________

PRACTICAL EXAM

Practical Exam Date: _________________________ Score: _________________________________
Location: __________________________________________________________________________
Practical Exam Proctor Name: _________________________________________________________
Proctor’s SCBA Certification Level: _____________________________________________________
   *Note: Certification as SCBA Journeyman or above is required to Proctor at this level.*
Proctor’s SIGNATURE: ________________________________________________________________

I, _____________________________________________, certify that I have owned/cared for honey bees
(Print Candidate Name)
for at least 1 year following the completion of the Certified Level for a minimum of 2 years of beekeeping
experience.

CANDIDATE SIGNATURE: _____________________________________________________________
Date: ______________________________________________________________________________