On this date: ___________________, (name) __________________________________________, a candidate for the South Carolina’s (SCBA) Master Beekeeper Program, provided or completed an act of public service, which covered the following subject matter related to beekeeping, honey bee pollination, or honey production: (Please circle applicable areas)

1. Presenting bee-related lecture or workshop to a group
2. Serving as an Officer in a local, state, or national beekeeping association
3. Assisting members of youth organizations (4-H, Scouts, FFA) with project work
4. Mentoring a new beekeeper through at least one complete season
5. Public demonstration on beekeeping topic at fair, festival, or similar public event
6. Providing a hive of bees to pollinate a public garden
7. Establishing and maintaining an observation hive for school or civic group
8. Appointment by County Extension office or other agency as expert contact on bee-related questions or issues (see Manual Appendix B for documentation requirements)
9. Publication of beekeeping and related topic articles in journals, newsletters, etc
10. Other:________________________________________________

Organization name: _______________________________________________________

Name of Event:_____________________________________________________________

General Description of Event:___________________________________________________________________________________________
___________________________________________________________________________________________

Estimated number of participants/attendees:__________________________________________

Printed Name/Title of Representative:_______________________________________________

Signature of Representative:_______________________________________________________

Contact Information (phone and/or email) for Signee:_____________________________________

SCBA Master Beekeeper Program

Public Service Credit Form

Revision Date 10/2018