

**JOURNEYMAN  
LEVEL**

**COVER  
SHEET**



**PUBLIC SERVICE CREDITS:** \_\_\_\_\_ (5)

**MINOR CORE CREDITS:** \_\_\_\_\_ (3)

**WRITTEN EXAM SCORE:** \_\_\_\_\_ PASS / FAIL

**PRACTICAL EXAM SCORE:** \_\_\_\_\_ PASS / FAIL

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: \_\_\_\_\_

**PUBLIC SERVICE CREDITS**

Briefly summarize the PSC Credits earned: *(5 Credits are required)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**MINOR CORE CREDITS**

List Minor Core Credits documented:

*(3 credits are required from outside your declared major for Master Level)*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Date Portfolio Submitted: \_\_\_\_\_ Complete: \_\_\_\_\_

Location: \_\_\_\_\_

SCMBP Committee Member(s) Reviewing: \_\_\_\_\_

SIGNATURES: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**JOURNEYMAN WRITTEN EXAM**

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: \_\_\_\_\_

**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: \_\_\_\_\_

Re-Take 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: \_\_\_\_\_