



MAJOR CREDITS: _____ (5)

MINOR CREDITS: _____ (8)

PUBLIC SERVICE CREDITS: _____ (15)

COMMUNICATION SKILLS: PASS / FAIL

RESEARCH PRESENTATION: PASS / FAIL

ORAL 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: _____

DECLARED MAJOR: _____

List Major Credits documented:

(5 additional of 10 credits are required within your declared major for a total of 8)

1. _____
2. _____
3. _____
4. _____
5. _____

List Minor Core Credits documented: *(8 additional credits are required from outside your declared major for a total of 16)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

PUBLIC SERVICE CREDITS

Briefly summarize the PSC Credits earned: *(15 Credits are required – accumulated AFTER achieving the Master Level)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

COMMUNICATION SKILLS

Topic of Presentation: _____

Date Submitted to SCMBP for Review and Scheduling: _____

SCMBP Committee Member(s) Reviewing: _____

SIGNATURES: _____ Date _____

_____ Date _____

State Conference of Presentation: _____

Date of Presentation: _____

Additional Communication Skills Activities: (2 are required)

1. _____

2. _____

I, _____, certify that I have owned/cared for honey bees
(Print Candidate Name)

for at least 2 years following the completion of the Master Level for a minimum of 6 years of beekeeping experience.

CANDIDATE SIGNATURE: _____

Date: _____

Date Portfolio Submitted: _____ Complete PSC: _____

Major/Minor Core: _____ Com Skill: _____ Research: _____

Location: _____

SCMBP Committee Member(s) Reviewing: _____

SIGNATURES: _____ Date _____

_____ Date _____

RESEARCH PRESENTATION

Briefly Describe the Topic/Scope of your Research Project: _____

Date Submitted to SCMBP for Review of Topic: _____

Review of Final Project: _____

Research Project Review Board:

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

MASTER CRAFTSMAN ORAL EXAM

Oral Exam Date: _____ Score: PASS / FAIL

Location: _____

Oral Exam Review Board: *(minimum of 3 expert individuals required)*

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____

Name: _____

Qualifications: _____

SIGNATURE: _____