

**MASTER
LEVEL**

**COVER
SHEET**



Master Beekeeper Program

PUBLIC SERVICE CREDITS:	_____ (10)
MAJOR CREDITS:	_____ (3)
MINOR CREDITS:	_____ (5)
WRITTEN EXAM SCORE:	_____ PASS / FAIL
PRACTICAL EXAM SCORE:	_____ 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: _____

PUBLIC SERVICE CREDITS

Briefly summarize the PSC Credits earned: *(10 Credits are required following the completion of Journeyman)*

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

DECLARED MAJOR: _____

List Major Core Credits documented: *(3 of 10 credits are required within your declared major)*

- 1. _____
- 2. _____
- 3. _____

List Minor Core Credits documented: *(5 credits are required from outside your declared major)*

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

Date Portfolio Submitted: _____ Complete PSC: _____

MAJOR/MINOR Core: _____

Location: _____

SCMBP Committee Member(s) Reviewing: _____

SIGNATURES: _____ Date _____

_____ Date _____

MASTER WRITTEN EXAM

Written Exam Date: _____ Score: _____

Location: _____

Written Exam Proctor Name: _____

Proctor's SCBA Certification Level: _____

Note: Certification as SCBA Master 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: _____

Proctor's SIGNATURE: _____

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: _____

FIELD PRACTICAL EXAM

Field Exam Date: _____ Scores: _____

Location: _____

1st Field Exam Proctor Name and certification level: _____

2nd Field Exam Proctor Name and certification level: _____

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

Proctor's SIGNATURE: _____

Proctor's SIGNATURE: _____

Re-Take Field Exam Date: _____ Scores: _____

Location: _____

1st Field Exam Proctor Name and certification level: _____

2nd Field Exam Proctor Name and certification level: _____

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

Proctor's SIGNATURE: _____

Proctor's SIGNATURE: _____

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

for at least 2 years following the completion of the Journeyman Level for a minimum of 4 years of
beekeeping experience.

CANDIDATE SIGNATURE: _____

Date: _____