
 Last Name First Name

Master Level Cover Sheet - TEXAS MASTER BEEKEEPER PROGRAM

Date Apprentice Level Achieved: _____
 Month/Year

Date Advanced Level Achieved: _____
 Month/Year

PUBLIC SERVICE CREDITS

Please use a few words to describe the event, the date it occurred and the number of people reached for each of the 10 credits. Please list additional credits (those above the required 10) on another sheet of paper.

Description of Public Service Credit	Date	# people reached
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

MAJOR CREDITS

DECLARED MAJOR: _____

Description of Major Credit	Date	# people reached
1.		
2.		
3.		

CORE CREDITS

Description of Core Credit	Date	# people reached
1.		
2.		
3.		
4.		
5.		

Please sign and date below to certify that all of the above information is correct and accurate to the best of your knowledge.

 (signature)

 (date)



Level of Program Testing for: _____

(Advanced, Master, Master Craftsman)

Candidate should retain completed form to turn in on day of exam.

Documentation of Public Service Credits

TEXAS MASTER BEEKEEPER PROGRAM

(to be completed with assistance from Master Beekeeper Program candidate and signed by representative from organization sponsoring/hosting the event)

On this date: _____, (name) _____, a candidate for the Texas 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 non-beekeeping group | 5. Presenting a public demonstration on beekeeping topic at fair, festival or similar public event |
| 2. Holding office in a local beekeeping association | 6. Providing a hive of bees to pollinate a public garden |
| 3. Assisting members of youth organizations with project work | 7. Establishing and maintaining an observation hive for school or civic group |
| 4. Mentoring a new beekeeper through at least one complete season | Other: _____ |

Organization name: _____

Name of event: _____ Date: _____

General description of event: _____

Estimated number of participants/attendees: _____

Printed name/title of representative/witness: _____

Signature of representative/witness: _____

Contact information (phone and/or email) for signee: _____