

Reporting required data to the Master Beekeeper Program committee

Integrity is a key characteristic of any successful team, group, organization or program. We verify most information provided to the committee, but strongly rely on the Integrity of the individual candidate to be forthright in their reporting of data. It is your responsibility to document and provide contacts and references for each Public Service Credit or Sub-Specialty completed by you. We reserve the right to question any unit of Public Service or Sub-Specialty that is submitted and to disallow those that are questionable.

The following lists the minimum information we need to verify a Public Service Credit or Sub-Specialty.

- A. Category Number of Service or Specialty, from NCSBA Website, MBP section.
- B. Date Service was provided or Specialty was completed.
- C. Name/Title of Service or Specialty.
- D. Location where Service or Specialty was performed.
- E. Audience and number in attendance of a Service, if applicable.
- F. Description of the Service or Specialty.
- G. Documentation, references or contacts able to verify your Service or Specialty.

It is preferred that information be provided in a logical, typed format, however, legible written data will be accepted. Information can be forwarded to the MBP committee via email, USPS or delivered to the committee Chairman at a statewide meeting or testing event. As the candidate proceeds through the MBP levels, the volume of documentation can be assembled and presented to the committee in a binder, which will be returned to the candidate after the committee has reviewed and verified its content. All questions regarding qualifying Services, Specialties and appropriate documentation should be directed to the committee.

Following is an Example Public Service reporting form which can be used or amended by the candidate. Certainly, additional detail regarding your Services is welcomed and encouraged. Be prepared to provide additional information or clarification should the committee question the validity or category of the Service you provided.

Sub-Specialty reporting can be completed using a similar format, including all information applicable as listed in A – G above. Again, the more detailed and verifiable content you provide, the better.

Public Service Credit Reporting Form

Name: _____ NCSBA # _____

Address: _____

Phone # _____ E-Mail address: _____

Chapter affiliation _____

Category #	Date	Name/Title	Location	Audience	Attendance	Description	*Documentation
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1.	_____	_____	_____	_____	_____	_____	_____
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2.	_____	_____	_____	_____	_____	_____	_____
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3.	_____	_____	_____	_____	_____	_____	_____
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4.	_____	_____	_____	_____	_____	_____	_____
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5.	_____	_____	_____	_____	_____	_____	_____
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(Additional lines may be added as needed)

*Documentation should include any information that will allow the MBP committee to verify your service and should be attached to this form. If you believe that an explanation or clarification of your service is needed, include that along with your documentation.

As of _____ (today's date), I am requesting consideration by the Master Beekeeper Committee of the above referenced Public Service Credits as required for my _____ Level Beekeeper certification. I certify that these Services were performed as documented and welcome any inquiry to further verify them as required by the MBP.

Signature, Club President or
Education Coordinator

Signature, MBP Applicant