



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

***Documentation of Public Service Credits***

**University of Florida 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 University of Florida's 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  | 2. Officership in local beekeeping association                     |
| 3. Appointment by local County Extension office or other municipal agency as expert contact on bee-related questions or issues |  |
| 4. Assisting members of youth organizations with project work  | 5. Mentoring a new beekeeper through at least one complete season. |
| 6. Public demonstration on beekeeping topic at fair, festival or similar public event  | 7. Providing a hive of bees to pollinate a public garden.          |
| 8. Establishing and maintaining observation hive for school or civic group.  | 9. Other: _____  |

Organization name: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Date: \_\_\_\_\_

General Description of Event: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated number of participants/attendees \_\_\_\_\_

Printed Name/Title of Representative: \_\_\_\_\_

Signature of Representative: \_\_\_\_\_

Contact Information (phone and/or email) for Signee: \_\_\_\_\_