**EAS APPLICATION FOR MASTER BEEKEEPERS**

**CERTIFICATION PROGRAM**

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| --- | --- |
| Date |  |

*To be filled out by applicant.*

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| --- | --- | --- | --- | --- | --- |
| 1. | Name: |  | | | |
| 2. | Address: |  | | | |
|  | City/state/zip |  | | | |
| 4. | Email (if applicable): | |  | | |
| 5. | Telephone Number (with area code): | | |  | Cell: |

6. Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please provide a full face photograph.***

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 7. | What year did you start keeping bees? | Year: | |  | | Why did you start? | |
|  | | | | | | | |
| 8. | Have you kept bees continuously since you began?  Please list any time periods since starting when you were NOT keeping bees, and why. | | | | | | |
|  | | | | | | | |
| 9. | Please provide a brief history of your beekeeping endeavors. | | | | | | |
|  | | | | | | | |
| 10. | How many colonies do you manage now? | |  | |  | | |
|  | What is the largest number of colonies you have managed in the past? | | | | | |  |
| 11. | How will being a Master Beekeeper help you? | | | | | | |
|  | | | | | | | |
| 10. | How do you think you can be of benefit to the Master Beekeeper program? | | | | | | |
|  | | | | | | | |
| 11. | Have you taken any college level classes or participated in any state certification programs? If so, where and when. | | | | | | |
|  | | | | | | | |
| 12. | List the last four educational presentations you have given. | | | | | | |

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| 13. | Check any of the following that apply to your past beekeeping experiences and operations. Include the number of years you were involved in each and if you are currently engaged in that activity. | | | |
| **Activity** | | **Check 🗸** | **Years** | **Currently Doing** |
| Bee Supply Dealer | |  |  |  |
| Raised queens for sale | |  |  |  |
| Raised nucs for sale | |  |  |  |
| Raised nucs or queens for own use | |  |  |  |
| Rented colonies for pollination | |  |  |  |
| Assisted commercial pollinator | |  |  |  |
| Packed and sold honey | |  |  |  |
| Judged honey shows | |  |  |  |
| Apiary inspector | |  |  |  |
| Served as an officer in a bee club | |  |  |  |
| Taught beekeeping classes | |  |  |  |
| Mentored new beekeepers | |  |  |  |

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| 14. | Are you a member of the Eastern Apicultural Society? | Yes |  | No |  |  |
|  | How many EAS conferences have you attended and when? | | | | | |
|  | | | | | | |
| 15. | Is there anything else you would like us to know about you that you think would be helpful to the Certification Committee? | | | | | |
|  | | | | | | |
| 16. | Who will be providing your letter of recommendation? Please describe your relationship to this individual and how long you have known them. | | | | | |
|  | | | | | | |

As a candidate for the Master Beekeeper certification, I agree to hold myself to the highest ethical standards in all my beekeeping related activities, to represent beekeeping and beekeepers in a positive manner, and to abide by all rules and regulations of the Eastern Apiculture Society and of the Master Beekeepers. I understand that, should I fail to conduct myself in a manner befitting an EAS Certified Master Beekeeper at any time before or after passing the requisite examinations, I may be stripped of my candidacy, or my certification.

**Consent to record:** I understand and agree that, if accepted, my oral examination will be recorded. Such a recording will only be used for review purposes by the examination committee if such becomes necessary and will be destroyed following the testing review period.

I understand that during the administration of the exam I may be photographed or videotaped. I give permission for any such recordings to be used in the EAS Journal or related publications.

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| --- | --- |
| Typed name may be used in place of signature for electronic submission: |  |

Please indicate if you need any special accommodation in the testing for either physical or other disabilities:

Please return your fully completed application to:

email: [**mbcertification@easternapiculture.org**](mailto:mbcertification@easternapiculture.org)

Your application will be reviewed by the Master Beekeepers Certification Committee, and you will be notified of their decision prior to the annual EAS Conference. Further information regarding the testing program will be included at that time. Deadline for application to take the test at the next EAS Conference is **June 1st**. All applications and letters of nomination must be received by the Certification Committee **in the period from March 1st to June 1st**. Applications outside this time frame will not be accepted..