EAS APPLICATION FOR MASTER BEEKEEPERS CERTIFICATION PROGRAM

To be filled out by applicant.

Date____________________

1. Name: ____________________________________________________________

2. Address: __________________________________________________________
   ________________________________________________________________

3. Years of Experience: ________________

4. Email (if applicable): _____________________________________________

5. Telephone Number (with area code): (______) ________________________

6. Please state your reasons for taking the test and seeking certification:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

7. Please describe your experience in apiculture:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

8. Please list the four latest educational presentations you have given:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

9. The name of the individual supplying your letter of nomination:
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

10. If you have had the equivalent of a college level course in beekeeping, please indicate from what college and when you took the course.
    College: ____________________________________________ When: ________________

11. List any awards you have received in relation to your beekeeping experiences:
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________
    ________________________________________________________________

12. Number of colonies you own and operate: ________________
13. Check the following that are appropriate to your past beekeeping experiences and operations:

- A bee supply dealer
- Raise queens for sale
- Rent colonies for pollination
- Assisted commercial pollinator
- Pack and sell honey
- Judge honey shows
- Apiary inspector
- Taught or assisted in beekeeping short course
- Allergic to bee stings

14. Please list any other information in reference to your beekeeping experiences that may be helpful to the certification committee.

15. Are you a member of the Eastern Apicultural Society?  
   Yes  ______ No  ______

Please return your fully completed application to:

email: mbcertification@easternapiculture.org

or

Susan Fariss, EAS Secretary
142 Cemetery Road
Mocksville, NC 27028

Your application will be reviewed by the Master Beekeeper’s Exam Committee and you will be notified of their decision prior to the annual EAS Conference. Further information in regard to the testing program will be included at that time. Deadline for application to take the test at the next EAS Conference is July 1st. All applications and letters of nomination must be received by the Exam Committee by the July 1st deadline.