

INIB Honey Judge Program Requirements

Appendix F: Portfolio of Evidence Cover Page

Turn in this completed form on the day of your INIB HJ or Senior INIB HJ Final Examination.

_____	_____	_____
First Name	Last Name	Email Address
Program Level for which you are testing (circle one):		
INIB Honey Judge		Senior INIB Honey Judge

Date of INIB HJ training (for this level): _____

Location/event of INIB HJ training: _____

Number of honey shows served as a steward	
Number of honey shows served as show secretary	
Number of honey shows judged	
Number of points collected from honey show entries	

Other evidence gathered:_____
