



MBEI members are encouraged to be active in their community and profession. Please complete this form yearly with at least **100 points** to receive recognition from MBEI.

Name _____

Home Address _____

Home Address (Line 2) _____

City, State, ZIP Code _____

Home Phone _____

Company/School/Institution _____

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Professional Memberships <small>(Five points per membership)</small> <input type="checkbox"/> ACTE <input type="checkbox"/> MnACTE <input type="checkbox"/> MBEI <input type="checkbox"/> NBEA <input type="checkbox"/> DPE <input type="checkbox"/> ISBE <input type="checkbox"/> Phi Delta Kappa Other: _____ Total Points: _____	Honors/Awards <small>(Five points per honor/award)</small> Description: _____ Description: _____ Total Points: _____	Most Recent Graduate Degree <small>(Ten points for most recent graduate degree)</small> <input type="checkbox"/> Doctorate <input type="checkbox"/> Masters <input type="checkbox"/> Education Specialist Total Points: _____	School Visits <small>(Two points per visit)</small> On reverse side, list dates and places visited. Total Points: _____
Association Offices Held <small>(Ten points for each office held)</small> Title: _____ Title: _____ Total Points: _____	Presentations <small>(Five points per presentation)</small> Date: _____ Title: _____ Total Points: _____	Graduate Credits <small>(Earned in current year. One point per credit hour)</small> Total Points: _____	Business Internship <small>(One point per four hours)</small> Date: _____ Place: _____ Total Points: _____
Leadership/Community <small>(Ten points for each position held)</small> <input type="checkbox"/> FBLA Advisor <input type="checkbox"/> BPA Advisor <input type="checkbox"/> Mock Trial Sponsor <input type="checkbox"/> Church Officer <input type="checkbox"/> Community Board Other: _____ Total Points: _____	Published Articles <small>(Five points per article published)</small> Title: _____ Date: _____ Publication: _____ Title: _____ Date: _____ Publication: _____ Total Points: _____	Workshops <small>Excluding workshops offered during work hours. (One point per two hours)</small> On reverse side, list topics and hours attended. Total Points: _____	Business/Industry Visits <small>(Two points per visit)</small> Date: _____ Place: _____ Total Points: _____
		Mentoring Students/Colleagues <small>(Ten points per student or colleague mentored)</small> Name: _____ Name: _____ Name: _____ Name: _____ Total Points: _____	Professional Conferences <small>(Five points per day)</small> Title: _____ Date: _____ Title: _____ Date: _____ Total Points: _____

Include activities from:
July 1, 2010, to June 30, 2011

Please print using ink or type.
If additional space is needed, use the back of this form.

Mail by July 15, 2011, to:
Kathryn Larson, Awards Chair
Owatonna High School
333 East School Street
Owatonna, MN 55060
klarson1@owatonna.k12.mn.us

Grand Total Points: _____ _____ Supervisor's Verifying Signature
