



MBITE 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 _____

Include activities from:
July 1 to June 30

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

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

Mail by July 15 to:
Mary Flesberg, Awards Chair
Moorhead High School
2300 4 Avenue South
Moorhead, MN 56560
mflesberg@moorheadschoools.org

Grand Total Points: _____

Supervisor's Verifying Signature