

North Florida Council University of Scouting Youth Advanced Degree Program – Doctorate Degree

The North Florida Council University of Scouting Degree Program is designed to provide interested Scouts and Scouters with the tools and knowledge that can be gained through supplemental training to help reinforce the Scouting Program. Participation in the degree program is voluntary and adherence to the degree requirements is totally the responsibility of the student. **It is the responsibility of the student to provide proof of trainings by attaching copies of trained cards or certificates.**

Send this form with all supporting documentation and signatures to nfcuos@nfcbosa.org, or
Mail to North Florida Council, Attn: UofS, 521 Edgewood Ave S, Jacksonville, FL 32205, or
Turn in at NFC University of Scouting to Degree Program table

Candidate's Name: _____ Unit Type: _____ Unit #: _____
(please PRINT)

BSA Member #: _____ District: _____

Doctorate Degree Requirements

(to be completed after obtaining Master's Degree)

1) I, _____, certify that the above candidate has been active in Unit.

(Adult Leader's Name – PLEASE PRINT)

Adult Leader's Signature: _____

2) Current Rank/Award/Level in Unit: _____

3) Received Master's Degree - Date Earned: _____

4) Complete three (3) additional credits at NFC UofS (cannot include sessions used toward #6a)

Date Completed: _____

5) Complete a Doctoral level designated youth training event as a participant:

_____ National Youth Leadership Training _____ Kodiak Challenge

_____ Powder Horn _____ Sea Badge _____ Any Regional or National Youth Training

_____ Any other Advanced Training with approval from NFC UofS Degree Program committee.

Course Name: _____

Committee Signature: _____

6) Do one of the following:

a) Develop or update a supplemental class that consists of at least one-hour of training and teach that class at the following NFC UofS.

Name of Course: _____ Date Taught: _____

UofS Degree Program member Signature: _____

b) Serve as a staff member for a major Council, Regional or National training event.

Training Event: _____ Date Completed: _____

Signature of Coordinator: _____