Application for BROADCAST NETWORKING TECHNOLOGIST **Certification** D

Certified Broadcast Networking Technologist: Designed for broadcast professionals having a basic familiarity with networks and networking systems as used in a broadcast facility.

I wish to take the exam during the _____ exam session:

Member Fee: ☐ $55 **Non- Member Fee:** ☐ $121

Student fee: *deduct $46 from non-member fee.*

SOCIETY OF BROADCAST ENGINEERS
9102 North Meridian Street, Suite 150
Indianapolis, IN 46260
Phone: (317) 846-9000
Fax: (317) 846-9120

(Please type or print) Send application Attn: Certification Director

Payment Method: ☐ Check ☐ Money Order (payable to SBE) ☐ American Express ☐ MasterCard ☐ Visa Total: $_____

Credit Card #_____ Exp. Date_____ Security Code^_____

Name on Card (if different)_____Billing Address (if different)_____

^ 3 digits in signature strip on back of card to the **right** of the (partial) card number (for Amex, it is 4 non-raised digits on the front).

Non-Member fee includes optional membership in SBE through March 31 of the following year (See back for more information).
Information provided in this application will be used to determine eligibility.

Last Name First MI (_____) _____ Home Phone

Mailing Address (_____) _____ Business Phone

City State Zip Code (_____) _____ Fax Number

Place of Employment Date Employed Date of Birth (MM/DD/YY) *optional*

Current Job Title Type of Facility E-mail Address

Description of Duties

Total years of responsible Engineering Experience: _____ ☐ Radio ☐ TV ☐ Other *(check all that apply)*

EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment. Indicate field(s) of specialization under "Position." Please do not limit yourself to the spaces below. The more details you give us about your background the easier it will be for us to correctly judge your application. **ATTACH A BRIEF DESCRIPTION OF JOB DUTIES.**

From Mo Yr	To Mo Yr	Company Name and Location	Position or Title	Immediate Supervisor

EDUCATION

Transcript **MUST** accompany application if applying for Student Membership.

From Mo Yr	To Mo Yr	College, University or Technical Institute	Credits or Yrs Compl	Course or Major	Degree

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

❑ Approved ❑ Disapproved Date: _____

Comment: _____

Senior Essay Question #_____

Signature: _____

ADMISSIONS COMMITTEE ACTION

❑ Approved ❑ Disapproved Grade: _____

Comment: _____

Signature: _____ Date: _____

Appl Notified: _____ Records: _____

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REFERENCES

Three required. One **MUST** have supervised your work.

Name	Company Name and Location	Position or Title	Phone

PROFESSIONAL SOCIETIES

Name	Year Joined	Member Grade Attained	Offices Held

OTHER PROFESSIONAL LICENSES OR CERTIFICATES

SPECIAL ACHIEVEMENTS

List awards, patents, books, articles, short courses, seminars related to broadcast-communications technology, etc.

SBE MEMBERSHIP:

☐ **YES,** I wish to take advantage of the optional SBE membership included in the non-member certification fee. ☐ I am already an SBE Member, #_____ ☐ Decline SBE Membership

If accepting, select level of membership: ☐ Regular Member ☐ Associate Member ☐ Reinstatement (former #_____)

❑ Student Member – Must provide contact information for faculty advisor, dean, department chair, registrar, etc., for SBE to use to verify your student status: Name _____ Title _____

E-mail _____ Phone_(_____) _____

If accepted, please enroll me in Local Chapter #_____ Location: _____

Sponsor's Name/Who introduced you to SBE? (optional): _____

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, describe in full. *(Use additional paper if necessary.)*

_____

_____

SBE dues are not deductible as a charitable contribution for federal income tax purposes, but may be deductible as a business expense.
SBE estimates that 1% of your dues are not deductible because of SBE's lobbying activities on behalf of its members.

If you are applying for **Certification by Examination**, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: _____

Upon certification, please notify my employer: ☐ No ☐ Yes If yes, complete name, title and address below:

_____

Company Employer Name Title

_____

Address City State Zip

I have read and understand the requirements of the SBE Certification Program and certify that all information submitted is accurate. If approved for SBE Membership, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics (available at www.sbe.org).

_____ _____

Date Signature (in ink)

RETAIN A COPY OF YOUR APPLICATION!

NOTE: If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.