

SBE SPECIALIST Certification

IMPORTANT: To apply for a specialist certification, you **MUST** be currently SBE Certified at one of the following levels.

- | | | |
|--|---|--|
| I am currently certified as:
(check all that apply) | <input type="checkbox"/> Certified Audio Engineer (CEA)
<input type="checkbox"/> Certified Broadcast Radio Engineer (CBRE)
<input type="checkbox"/> Certified Senior Broadcast Radio Engineer (CSRE)
<input type="checkbox"/> Certified Professional Broadcast Engineer (CPBE) | <input type="checkbox"/> Certified Video Engineer (CEV)
<input type="checkbox"/> Certified Broadcast Television Engineer (CBTE)
<input type="checkbox"/> Certified Senior Broadcast Television Engineer (CSTE) |
|--|---|--|

I wish to take the following specialist exam:

8-VSB Specialist
 AM Directional Specialist
 Digital Radio Broadcast Specialist

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

Member Fee: \$55
 Non-Member Fee: \$121



SOCIETY OF BROADCAST ENGINEERS

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

Send application Attn: Certification Director

(Please type or print)

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) <i>optional</i> _____	
Current Job Title _____	Type of Facility _____	E-mail Address _____	

Description of Duties _____

EXPERIENCE RECORD

List in chronological order, beginning with the most recent, all formal experience in Broadcast Engineering or related employment for the last five years. 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

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: _____

Non-Member fee includes optional membership in SBE through March 31 of the following year.

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 # _____)

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.

The Certification Chairman of your local chapter will 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!