



APPLICATION FOR RECERTIFICATION

(Recertification Only – Not to be used for initial certification)

SOCIETY OF BROADCAST ENGINEERS

The Association for Broadcast and Multimedia Technology Professionals
 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)

Please check only one:

CBT – Certified Broadcast Technologist ONLY

I wish to recertify by **meeting the service requirement**

I wish to recertify **by professional credits** (Fill out all four pages of the application)

I wish to recertify by **taking the following exam(s)**

during the _____ exam session:

- Certified Broadcast Networking Technologist (CBNT)
- Certified Audio Engineer (CEA)
- Certified Video Engineer (CEV)
- Certified Broadcast Radio Engineer (CBRE)
- Certified Broadcast Television Engineer (CBTE)
- Certified Broadcast Networking Engineer (CBNE)
- Certified Senior Radio Engineer (CSRE)
- Certified Senior Television Engineer (CSTE)

• FEES ARE PER CERTIFICATION • CHECK ALL THAT APPLY

Certified Broadcast Technologist (CBT)
 MEMBER FEE: \$53 NON-MEMBER FEE: \$135

Certified Broadcast Networking Technologist (CBNT)
 MEMBER FEE: \$62 NON-MEMBER FEE: \$144

Certified Audio Engineer (CEA) or
 Certified Video Engineer (CEV)

Certified Broadcast Radio Engineer (CBRE) or
 Certified Broadcast Television Engineer (CBTE)
 MEMBER FEE: \$67 NON-MEMBER FEE: \$149

Certified Broadcast Networking Engineer (CBNE)
 MEMBER FEE: \$80 NON-MEMBER FEE: \$162

Certified Senior Radio Engineer (CSRE) or
 Certified Senior Television Engineer (CSTE)
 MEMBER FEE: \$92 NON-MEMBER FEE: \$174

Certified Professional Broadcast Engineer (CPBE)
 MEMBER FEE: \$117 NON-MEMBER FEE: \$199

Specialist Certifications (please check all that apply)
 Additional Fee when Recertifying Host Certification:

8-VSB \$20 AMD \$20 DRB \$20

MEMBER DISCOUNT: There is a 10% discount off the MEMBER FEE if you have kept your SBE membership current during your certification term.

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.*

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).

Last Name _____ First _____ MI _____ (_____) _____
 Home Phone

Mailing Address _____ (_____) _____
 Business Phone

City _____ State _____ Zip Code _____ (_____) _____
 Fax Number

E-mail Address _____ Date of Birth (MM/DD/YY) *optional* _____

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 Month | Yr. | To Month | Yr. | Company Name and Location | Position or Title | Immediate Supervisor/ Contact # or email |
|------------|-----|----------|-----|---------------------------|-------------------|---|
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ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Comment: _____

Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____

Signature: _____

Appl Notified: _____ Records: _____

EDUCATION

A Transcript **MUST** accompany application if substituting education for part of the experience requirement.

| From Month | Yr. | To Month | Yr. | College, University or Technical Institute | Credits or Yrs. Complete | Course or Major | Degree |
|---------------|-----|-------------|-----|--|-----------------------------|-----------------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

REFERENCES

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

| Name | Company Name and Location | Position or Title | Phone |
|------|---------------------------|-------------------|-------|
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PROFESSIONAL SOCIETIES

| Name | Year Joined | Member Grade Attained | Offices Held |
|------|-------------|-----------------------|--------------|
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| | | | |
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OTHER PROFESSIONAL LICENSES OR CERTIFICATES

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SPECIAL ACHIEVEMENTS

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

| | | | | | | |
|---|---------------|----------------|-------|---------|------|----------------|
| | | | | | | |
| | | | | | | |
| <p>If you are applying for Certification by Examination, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: _____</p> <p>Upon certification by exam, please notify my employer: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, complete name, title and address below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Company</td> <td style="width: 33%; border: none;">Employer Name</td> <td style="width: 34%; border: none;">Title</td> </tr> <tr> <td style="border: none;">Address</td> <td style="border: none;">City</td> <td style="border: none;">State Zip</td> </tr> </table> <p>If taking an exam, Non-Member fee includes optional membership in SBE through March 31 of the following year.</p> <p>SBE MEMBERSHIP: <input type="checkbox"/> YES, I wish to take advantage of the optional SBE membership included in the non-member certification fee. <input type="checkbox"/> I am already an SBE Member, # _____ <input type="checkbox"/> Decline SBE Membership</p> <p>If accepting, select level of membership: <input type="checkbox"/> Regular Member <input type="checkbox"/> Associate Member <input type="checkbox"/> Reinstatement (former # _____)</p> <p>If accepted, please enroll me in Local Chapter # _____ Location: _____</p> <p>Sponsor's Name / Who introduced you to SBE? (optional): _____</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full. <i>(Use additional paper if necessary.)</i></p> <p>_____</p> <p>_____</p> <p style="font-size: small; text-align: center;">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.</p> | Company | Employer Name | Title | Address | City | State Zip |
| 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!