



APPLICATION FOR RECERTIFICATION

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

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)

Please check only one:

<p>CBT – Certified Broadcast Technologist ONLY</p> <p><input type="checkbox"/> I wish to recertify by meeting the service requirement</p>
<p><input type="checkbox"/> I wish to recertify by professional credits (Fill out all four pages of the application)</p>
<p><input type="checkbox"/> I wish to recertify by taking the following exam(s)</p> <p>during the _____ exam session:</p> <p><input type="checkbox"/> Certified Broadcast Networking Technologist (CBNT) <input type="checkbox"/> Certified Audio Engineer (CEA) <input type="checkbox"/> Certified Video Engineer (CEV) <input type="checkbox"/> Certified Broadcast Radio Engineer (CBRE) <input type="checkbox"/> Certified Broadcast Television Engineer (CBTE) <input type="checkbox"/> Certified Senior Radio Engineer (CSRE) <input type="checkbox"/> Certified Senior Television Engineer (CSTE)</p>

• FEES ARE PER CERTIFICATION • CHECK ALL THAT APPLY

Certified Broadcast Technologist (CBT)
 MEMBER FEE: \$48 NON-MEMBER FEE: \$116

Certified Broadcast Networking Technologist (CBNT)
 MEMBER FEE: \$57 NON-MEMBER FEE: \$125

Certified Audio Engineer (CEA) or
 Certified Video Engineer (CEV)
 Certified Broadcast Radio Engineer (CBRE) or
 Certified Broadcast Television Engineer (CBTE)
 MEMBER FEE: \$62 NON-MEMBER FEE: \$130

Certified Senior Radio Engineer (CSRE) or
 Certified Senior Television Engineer (CSTE)
 MEMBER FEE: \$87 NON-MEMBER FEE: \$155

Certified Professional Broadcast Engineer (CPBE)
 MEMBER FEE: \$112 NON-MEMBER FEE: \$180

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

8-VSB \$15 AMD \$15 DRB \$15

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: <input type="checkbox"/> Check <input type="checkbox"/> Money Order (payable to SBE) <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa Total: \$ _____	
Credit Card # _____	Exp. Date _____ Security Code^ _____
Name on Card (if different) _____ Billing Address (if different) _____	
<small>^ 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).</small>	

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) <i>optional</i> _____

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

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

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.

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 by exam, please notify my employer: No Yes If yes, complete name, title and address below:

Company	Employer Name	Title
Address	City	State Zip

If taking an exam, 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.

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!