



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

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.

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): _____

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 **Re-certification by Examination**, the Certification Chairman of your local chapter should be notified. The closest SBE Chapter is: _____

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

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

Date

Signature (in ink)

RETAIN A COPY OF YOUR APPLICATION!