



SBE Jubilee Certification Project Application

The SBE Jubilee Certification Project is an amnesty program for certifications that have lapsed between January 1999 and January 2012. Those who wish to have their certifications re-instated must fill out the following application and provide either a resume or a letter to the National Certification Committee detailing what they have been doing in the Broadcast Engineering field throughout the time of the expired certification(s).

<input type="checkbox"/> Certified Television Operator (CTO)	<input type="checkbox"/> Certified Radio Operator (CRO)
<input type="checkbox"/> Certified Broadcast Technologist (CBT)	<input type="checkbox"/> Certified Broadcast Networking Technologist (CBNT)
<input type="checkbox"/> Certified Broadcast Radio Engineer (CBRE)	<input type="checkbox"/> Certified Broadcast Television Engineer (CBTE)
<input type="checkbox"/> Certified Audio Engineer (CEA)	<input type="checkbox"/> Certified Video Engineer (CEV)
<input type="checkbox"/> Certified Senior Radio Engineer (CSRE)	<input type="checkbox"/> Certified Senior Television Engineer (CSTE)
<input type="checkbox"/> MEMBER FEE*: \$100	<input type="checkbox"/> NON-MEMBER FEE: \$175

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

<input type="checkbox"/> Certified Professional Broadcast Engineer (CPBE)	
<input type="checkbox"/> MEMBER FEE*: \$175	<input type="checkbox"/> NON-MEMBER FEE: \$250

(fee(s) are per re-instated certification)

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.

Mr. Mrs. Ms. (optional)

_____	_____	_____	(_____) _____
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

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/Contact #

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Senior Essay Question # _____

Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____

Signature: _____ Date: _____

EDUCATION

Transcript **MUST** accompany application if substituting education for part of the experience requirement, and if applying for Student Membership.

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

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.)

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.