


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 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 Television Engineer (CSTE) |
|--|---|--|

<p>I wish to take the following specialist exam:</p> <input type="checkbox"/> 8-VSB Specialist <input type="checkbox"/> AM Directional Specialist <input type="checkbox"/> Digital Radio Broadcast Specialist <p>I wish to take the exam during the _____ exam session:</p> <p>Member Fee: <input type="checkbox"/> \$62 Non-Member Fee: <input type="checkbox"/> \$144</p>		<p>SOCIETY OF BROADCAST ENGINEERS 9102 North Meridian Street, Suite 150 Indianapolis, IN 46260 Phone: (317) 846-9000 Fax: (317) 846-9120</p> <p style="text-align: right;">Send application Attn: Certification Director</p>
<p>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: \$ _____</p> <p>Credit Card # _____ Exp. Date _____ Security Code^ _____</p> <p>Name on Card (if different) _____ Billing Address (if different) _____</p> <p><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></p>		

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 _____	(_____) _____ Primary Phone
Mailing Address _____			(_____) _____ Secondary 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	To	Company Name and Location	Position or Title	Immediate Supervisor
Mo	Yr			

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: _____

