SBE CERTIFIED BROADCAST NETWORKING TECHNOLOGIST (CBNT) Application

This exam was designed for broadcast professionals having a basic familiarity with networks and networking systems as used in a broadcast facility.

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

I wish to take the CBNT exam during the __________ exam session:

- MEMBER FEE: $65
- NON-MEMBER FEE: $150
- STUDENT FEE: deduct $60 from non-member fee.

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 Name __________ MI __________ Primary Phone ________

Mailing Address ____________________________

City __________________ State _______ Zip Code __________

Fax Number ____________________________

Place of Employment ____________________________ Date Employed __________

Date of Birth (MM/DD/YY) optional ____________________________

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.

<table>
<thead>
<tr>
<th>From Mo Yr</th>
<th>To Mo Yr</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Immediate Supervisor/Contact #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EDUCATION

Transcript MUST accompany application if applying for Student Membership.

<table>
<thead>
<tr>
<th>From Mo Yr</th>
<th>To Mo Yr</th>
<th>College, University or Technical Institute</th>
<th>Credits or Yrs Compl</th>
<th>Course or Major</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ADDITIONAL INFORMATION REQUESTED ON REVERSE SIDE

☐ Approved  ☐ Disapproved Date: __________

Senior Essay Question # ____________________________

Signature: ____________________________

☐ Approved  ☐ Disapproved Grade: __________

Signature: ____________________________

Appl Notified: __________ Records: __________

NATIONAL CERTIFICATION COMMITTEE ACTION

ADMISSIONS COMMITTEE ACTION
**REFERENCES**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Company Name and Location</th>
<th>Position or Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PROFESSIONAL SOCIETIES**

<table>
<thead>
<tr>
<th>Name</th>
<th>Year Joined</th>
<th>Member Grade Attained</th>
<th>Offices Held</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 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.)*

______________________________________________________________

______________________________________________________________

______________________________________________________________

Upon certification, please notify my employer:  □ No  □ Yes  If yes, complete name, title and address below:

<table>
<thead>
<tr>
<th>EMPLOYER NAME</th>
<th>TITLE</th>
<th>COMPANY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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!**

**NOTE:** If you maintain SBE membership throughout your certification period (5 years), you will receive a 10% discount on recertification.