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.

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

MEMBER FEE: □ $65
□ NON-MEMBER FEE: $150
□ MEMBER PLUS NON-MEMBER FEE: $240
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): __________________________

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: ________

Primary Phone: __________________________

Mailing Address: __________________________

Secondary Phone: __________________________

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.

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<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>
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EDUCATION

Transcript MUST accompany application if applying for Student Membership.

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<th>College, University or Technical Institute</th>
<th>Credits or Yrs Compl</th>
<th>Course or Major</th>
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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: ____________

Appl Notified: __________________________ Records: __________________________
**REFERENCES**

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

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<th>Position or Title</th>
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**PROFESSIONAL SOCIETIES**

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<th>Year Joined</th>
<th>Member Grade Attained</th>
<th>Offices Held</th>
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**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:

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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.