



**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)  
 MBR: \$56  NON-MBR: \$141  NON-MBRPLUS: \$231

Certified Broadcast Networking Technologist (CBNT)  
 MBR: \$65  NON-MBR: \$150  NON-MBRPLUS: \$240

Certified Audio Engineer (CEA) or  
 Certified Video Engineer (CEV)  
 Certified Broadcast Radio Engineer (CBRE) or  
 Certified Broadcast Television Engineer (CBTE)  
 MBR: \$70  NON-MBR: \$145  NON-MBRPLUS: \$245

Certified Broadcast Networking Engineer (CBNE)  
 MBR: \$83  NON-MBR: \$168  NON-MBRPLUS: \$253

Certified Senior Radio Engineer (CSRE) or  
 Certified Senior Television Engineer (CSTE)  
 MBR: \$95  NON-MBR: \$170  NON-MBRPLUS: \$270

Certified Professional Broadcast Engineer (CPBE)  
 MBR: \$120  NON-MBR: \$205  NON-MBRPLUS: \$295

**Specialist Certifications** (please check all that apply)  
Additional Fee when Recertifying Host Certification:

8-VSB \$23       AMD \$23       DRB \$23

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) <i>optional</i> _____

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full. <i>(Use additional paper if necessary.)</i> _____ _____
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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](http://www.sbe.org)).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (in ink)

**RETAIN A COPY OF YOUR APPLICATION!**