

Certified Broadcast Networking Technologist

Designed for broadcast professionals having a basic familiarity with networks and networking systems as used in a broadcast facility.

Society of Broadcast Engineers

Phone (317) 846-9000 • Fax (317) 846-9120

<p>I wish to take the exam during the</p> <input type="checkbox"/> February exam Session <input type="checkbox"/> NAB Convention <input type="checkbox"/> June Session <input type="checkbox"/> August Session <input type="checkbox"/> November Session	<input type="checkbox"/> Applying by existing credentials <input type="checkbox"/> Copy enclosed	<p>Fee Schedule: *</p> <p>\$50 SBE Member \$105 SBE Non-Member Students deduct \$40 from the non-member fee & include transcript</p> <input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Check Total Enclosed _____ Card Number _____ Exp Date _____
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Non-Member fee includes optional membership in SBE through April 1 of the following year. Accept Decline
LEVELS: Regular Member Associate Member Student Member Reinstatement (Former _____)

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)	
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)*

NATIONAL CERTIFICATION COMMITTEE ACTION

Approved Disapproved Date: _____

Comment: _____

Signature: _____

ADMISSIONS COMMITTEE ACTION

Approved Disapproved Grade: _____

Comment: _____

Signature _____ Date: _____

D**EXPERIENCE RECORD****D**

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

EDUCATION

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	Membership 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.

Have you ever been convicted of a violation of the Communications Act of 1934, as amended?

Yes No If Yes, describe in full. (Use additional space if necessary.)

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

Company _____

Employer Name _____

Title _____

Address _____

City _____

State _____

Zip _____

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 By-Laws and Code of Ethics.

Date _____

Signature _____

SBE dues are not deductible as a charitable contribution, but may be deductible as a business expense

* Fees are subject to change without notice