

# Application for BROADCAST NETWORKING TECHNOLOGIST Certification



## 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

9247 North Meridian Street, Suite 305 • Indianapolis, IN 46260  
Phone (317) 846-9000 • Fax (317) 846-9120

I wish to take the exam during the <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	<p style="text-align: center;"><b>*Fee Schedule:</b></p> <input type="checkbox"/> \$50 SBE Member <input type="checkbox"/> \$110 SBE Non-Member Students deduct \$42 from the non-member fee & include transcript <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 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	(____) _____	Home Phone
Mailing Address			(____) _____	Business 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 \_\_\_\_\_

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.**

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

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: \_\_\_\_\_

**D****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.


Have you ever been convicted of a felony?  Yes  No If yes, describe in full. (Use additional paper if necessary.)

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**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  
 Student Member (include copy of your student ID)  Reinstatement (former #\_\_\_\_\_)

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 2% 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: \_\_\_\_\_

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 for SBE Membership, I agree to abide by the Society of Broadcast Engineers By-Laws and Canons of Ethics.

\_\_\_\_\_ Date

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

**NOTE: By maintaining your annual membership throughout your certification (5 years), you will receive a 10% discount on recertification. RETAIN A COPY OF YOUR APPLICATION!**

\* Fees subject to change without notice

**Mail application and fee to: Certification Director  
SOCIETY OF BROADCAST ENGINEERS, INC.  
9247 North Meridian Street, Suite 305  
Indianapolis, IN 46260**