



PROGRAM OF CERTIFICATION

SOCIETY OF BROADCAST ENGINEERS, INC.
The Association for Broadcast and Multimedia Technology Professionals
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TO: SBE CERTIFICATION DIRECTOR

COMMITTEE
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We plan to give the certification exam(s) on:

_____ Date of Exam

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Our proctor(s) are:

(Note: Only 1 proctor needed for 3 exams or less at a time)

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Your list of exam Applicants(s) is enclosed. Please notify the applicant(s) of the exam date, time, and location.

_____ Signed

_____ Chapter Number

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Please complete this form and e-mail or fax it promptly.

E-mail to: mclappe@sbe.org or fax to (317) 846-9120.

Thank you,

Megan E. Clappe
Certification Director