

SCTE Retired Certification Application

SCTE Retired Certification Status recognizes those members who have been active in the industry and may no longer be able to participate in the activities that usually earn Recertification units (RUs). Any SCTE member who qualifies for **Retired SCTE Membership** may apply for retired status for his or her SCTE certification. If approved, the individual must still renew the certification every three years and pay the recertification fee as usual, but will be released from the requirement of submitting Recertification Units as described in the "Maintaining Certification" portion of the SCTE Certification Rules.

Name First _____ MI _____ Last _____

Member ID (if applicable) _____ Date First Certified _____ Certification Expiration Date(s) _____

I have achieved **SCTE Retired Member Status**

Signature _____ Date _____

CERTIFICATION PROGRAMS

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Broadband Premises Specialist (BPS) | <input type="checkbox"/> Broadband Communications Engineer (BCE [®]) |
| <input type="checkbox"/> Broadband Premises Installer (BPI) | <input type="checkbox"/> Broadband Communications Technician (BCT [®]) |
| <input type="checkbox"/> Broadband Premises Technician (BPT) | <input type="checkbox"/> Digital Video Engineering Professional (DVEP) |
| <input type="checkbox"/> Broadband Premises Expert (BPE) | <input type="checkbox"/> Internet Protocol Engineering Professional (IPEP) |
| <input type="checkbox"/> Broadband Distribution Specialist (BDS) | |
| <input type="checkbox"/> Broadband Transport Specialist (BTS) | |
| <input type="checkbox"/> Broadband TelecomCenter Specialist (BTCS) | |

RECERTIFICATION FEE: (Members \$25, Nonmembers \$50) \$ _____

MEMBERSHIP DUES Retired member One Year \$34 \$ _____

TOTAL \$ _____

QUESTIONS?

Contact certification@scte.org or call 800-542-5040.

PAYMENT

Total Due
 Check made payable to SCTE in U.S. dollars.
 American Express MasterCard Visa
 Account Number: _____
 Exp. Date: _____
 Authorized Signature: _____

SUBMIT THIS FORM TO SCTE
 Fax: 610-363-5898 (*Credit card required*)

Mail: SCTE Attn: Certification,
 140 Philips Road
 Exton, PA 19341-1318
 (*Check or credit card*)