

Application for Certified Broadcast Meteorologist (CBM)



American Meteorological Society

45 Beacon Street

Boston, Massachusetts 02108-3693

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Fax: (617) 742-8718

Serving the Atmospheric and Related Oceanic and Hydrologic Sciences since 1919

Please complete both sides of this application. Incomplete applications or unsigned applications will be returned, causing processing delays. Return the completed application along with the fee of \$300 (AMS Members); \$600 (non-members) to the above address (this fee does not include a separate examination charge of \$55). Upon receipt of your application, the Chairperson of the Board of Broadcast Meteorologists will contact you with further instructions.

I wish to submit my weathercasts in Spanish and have them evaluated by the AMS standing Board of Spanish-language evaluators. I understand that I must supply an English transcript with my DVDs as part of the application process and that all written communication will be done in English.

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Name

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Stage Name

.....
Station

.....
Years on-air at THIS station

.....
Station Address

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Station City

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State

.....
Zip Code

.....
Home Address

.....
City

.....
State

.....
Zip Code

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()

.....
Office Phone

.....
Extension

.....
Fax

.....
Home Phone

.....
Email Address

.....
News Director's Email Address

AMS Membership

AMS Member: yes ____ no ____.

Educational Background:

All candidates and reapplicants must meet the current CBM applicant criteria at the time of submission of their application or reapplication. Applicants must hold a bachelor's degree or higher in meteorology or atmospheric sciences in order to apply. Official transcripts must accompany the application. Those applicants, who are not Members of the AMS, must not only submit transcripts but also complete resumes demonstrating sufficient educational background to meet the current CBM applicant criteria.

College/University	Major	Minor	Type of degree	Date degree conferred Month/year
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Experience in Broadcast Meteorology:

Please indicate employment history in broadcast meteorology.

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Total years of on-air experience

Current Station Information (if applicable):

..... Name of Program Frequency of Program - times per week (avg.)
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..... Usual days of appearance Air Times of Program (indicate am and/or pm)
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.....
Average content time of weathercasts (total minutes and seconds)

.....
Special reports or other related features aired on a regular basis

.....
Equipment you have available for forecast and weathercast preparation

I affirm that I am the person solely responsible for the collection, analysis, interpretation, forecast, and presentation of all weather information provided. I am also the creator, or directly supervise, the generation, selection, and order of all graphics and imagery used.

..... Date: Signed:
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Office use only:	Date of CBM Exam: _____	Score: _____
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