

New Program/Program Change Proposal

Please put the completed form in the IN BOX for the Program Committee. It will be reviewed at the next scheduled Committee Meeting. You will be notified of this meeting. Please attend!

Date: _____

Your Name: _____

Your phone number(s): _____

Email address: _____

Are you currently a certified KBRP Programmer? Yes No

Is this proposal for a new, special, or existing show? (please circle)

Name of your proposed show: _____

How long would you like this show to be (# hours): _____

Please describe your show on the back of this page. Is a CD attached? Yes No

What time slot would you like (day(s) and time(s)? _____

What are your second/third choices for time slots? _____

What could be your earliest starting date? _____

What is your Participant Member job with KBRP? How much time per week on average do you contribute to this job?

Give a written description of the show you plan (a few sentences will do).

Please attach mentor referral.

Station Director and Program Committee Use

If the applicant has not previously been certified, has he/she met all applicable requirements and passed all examinations? Yes _____ No _____ Trainer/Tester Initials _____

This applicant was notified of the review meeting. Initials _____ date _____

Committee members who have read this proposal: Initials _____

This program is approved to begin on the following date: _____

The applicant must complete the following items before this proposal can be approved:

Follow-up review date: