

## **CATEGORY: G - COMMUNICATIONS**

(A minimum of one proficiency required from this category)

**SUBJECT:**

**CABLE TELEVISION BROADCASTING**

### **OBJECTIVE(S)**

To develop knowledge, skills, experience and confidence required in Cable Television Broadcasting procedures and alternative long distance communication means.

### **PREREQUISITES**

Nil.

### **INSTRUCTORS/EVALUATORS**

- Cable Television Broadcast Engineer
- Cable Television Broadcast Manager
- Cable Television Broadcast Technician

### **REFERENCES AND MATERIALS**

- CRTC (Canadian Radio and Television Telecommunication Commission)
- CCTA (Canadian Cable Television Association)
- CCSA (Canadian Cable Systems Alliance)
- Local cable companies

### **CONTENT**

The candidate must demonstrate a high degree of skill and knowledge in *one* of the following systems of communication:

1. Community Programming
  - a) Program Production
  - b) Community Announcement Program
  - c) Maintenance
  - d) Scheduling
2. Technical Operations
  - a) Maintenance
  - b) Connection, Disconnection and Wiring
  - c) Reception Tests
  - d) Signal Retrieval
3. Customer Service
  - a) Billing and Accounts
  - b) Public Relations
  - c) Reception
  - d) Relaying information to other departments

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### **DURATION**

Minimum of 14 to 16 hours.

### **CERTIFICATION**

The candidate must demonstrate to the satisfaction of the Instructor/Evaluator a proficiency in communicating with another person by means of the communication studied *only*.

*Note:* In keeping with the spirit of serving others, it is hoped that some practical form of service for the candidate may be provided to make use of the skills learned during the course.

**CERTIFICATION OF SUCCESSFUL COMPLETION OF PROFICIENCY SUBJECT**  
**COMMUNICATION WITH PERSONS WITH DISABILITIES**

Instructors/Evaluators should carefully consider the age, ability and accessibility to resource materials of each candidate.

The candidate has completed the above content and meets the requirements to the satisfaction of the Instructor/Evaluator.

Name of Instructor/Evaluator: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_ Tel #: \_\_\_\_\_

Instructor qualifications: \_\_\_\_\_

I certify that

\_\_\_\_\_ of \_\_\_\_\_  
(candidate's name) (Division #)

meets the criteria of this proficiency subject, as laid out on the previous page(s).

\_\_\_\_\_  
Instructor/Evaluator (signature) Date

\_\_\_\_\_  
Divisional Superintendent (signature) Date