

## Society Commercial Seed Technologists APPLICATION FOR RGT OF CGT MEMBERSHIP

## Please type or use black ink.

Note: Before taking the RGT/CGT written exams, the candidate must be an SCST Associate Member for two years prior to taking the exams. Link: http://www.analyzeseeds.com/how-to-become-a-member/

A non-refundable fee to help with the cost of administering the written examination must accompany this application and filed with the Executive Director by April 1 annually. The exam fee is \$50 for each written exam, in addition all applicants are required to take the Molecular Genetics written exam. Payment can be made by check or credit card upon receiving an invoice. The 2<sup>nd</sup> written exams will be scheduled six months after the annual meeting or December of the same year. The RGT Board of Examiners Committee will determine testing site and date of the exams. Applications for the 2<sup>nd</sup> written exams must be submitted to Executive Director by October 1 annually. All exam requirements must be completed two weeks prior to the examination date.

Additional information regarding the RGT/CGT membership requirements can be found by linking to the AOSA/SCST Constitution & By-Laws, Section 2, and page 10. <a href="http://www.analyzeseeds.com/scst-constitution-by-laws/">http://www.analyzeseeds.com/scst-constitution-by-laws/</a> and the SCST Seed Technologist Training Publications section of the AOSA/SCST web site. - Link to Chapter 14 Training Manual and RGT Study Guide <a href="http://www.analyzeseeds.com/publications/">http://www.analyzeseeds.com/publications/</a>

Applications that are unclear or contain ambiguous information will not be accepted. The Applicant may attach a separate sheet if more space is needed for college records, laboratory equipment, references, or additional data helpful to the exam committee.

Applicant Name		P	hone	
Employer/comp y	an	F	AX	
Address		E	mail	
City			State	
Zip Code				
Education	Name & Address of School	Diploma/Degree	Major	Dates Attended
High School				
College				
Business or Vocational				
Graduate				
Please select the	exams you wish to take:			
Molecu	lar Genetics Ge	netic Purity		
Trait P	urity Ad <sup>a</sup>	ventitious Presence (AF	")	

Do you operate an ind     Name of person(s) or fi				y a see	d firm?		Yes	No	
2. Has your laboratory be and methods used as pre		cutive Bo							rence materia
If yes, by whom and date	of inspection?								
3. Check the type of tests	conducted at your	r present	labora	atory, a	nd list the	e primary cr	ops tested	by each as	say:
Herbicide	Bioassay:								
ELISA/Im	munoassay:								
PCR:									
Electroph	oresis:								
Other:									
ACCUMULATED CREDI	TS: A minimum	of <b>100 p</b> c	oints a	and two	full years	s of lab expe	erience are	required be	fore applying
A. DIRECT SUPERVISION hours supervised) One year Give the following information of the supervised of t	ear spent actively e	ngaged i						visor. (1 poi	nt for each 40
Employer name and leading to the leading to th									
	Mo. Day	v ,	Yr.		Mo.	Day	Yr.	Full	Part Time
Date of From Employment				ТО				Time	
Hours Spent in Herbicide Bioassay:	Hours Spent in Electrophoresis		Hou ELI	ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dir Supervisi	ect
Name of Supervisor:			II.						
Qualification of Supervisor Registered or Certification Faculty member control	ied member of the	Society of				echnologist	S.		
Supervisor of a gen	etic purity laborator	y as app	roved	by the	RGT Boa	ard of Exam	iners		
2) Employer name and l	ocation (city and sta	ate):							
Date of From Employment	Mo. Day	у `	Yr.	то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay:	Hours Spent in Electrophoresis		Hou ELI	urs Spe SA:	nt in	Hours Sp PCR:	ent in	Total Hou under Dir	

										Supervisi	on:
Name of Supervi	sor:	-11								•	
Qualification of S Registered Faculty me Supervisor  B) Employer nar	or Certifie mber cond of a genet	d member lucting gen ic purity la	of the Socientic purity a boratory as	analy	⁄sis in	an uni	versity.				
Date of Employment	From	Mo.	Day	Yr.		то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioas		Hours S Electrop	Spent in Shoresis:			ırs Spe SA:	nt in	Hours Spent in PCR:		Total Hours spent under Direct Supervision:	
	upervisor: or Certifie mber cond	d member lucting gen		analy	sis in	an uni	versity.				

Please attach additional information.

В.	INDIRECT SUPERVISION: Seed testing training under indirect supervision. (1 point for each 80 hours unsupervised) Give
the	e following information under each employer

4) Employer name and location (city and state):

Date of Employment	From	Mo.	Day	Yr.		то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay: Hours Spent in Electrophoresis		•		Hou ELI	ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervisie	ect	

5) Employer name and location (city and state):

Date of Employment	From	Mo.	Day	Yr.		то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay: Hours Spent in Electrophoresis:			Hou ELI	ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervision	ect		

6) Employer name and location (city and state):

Date of Employment	From	Mo.	Day	Y	r.	то	Mo.	Day	Yr.	Full Time	Part Time
		Hours S Electrop	pent in horesis:		Hou ELI	ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervision	ect

Use this space if you wish to add additional information:

AOSA-SCST Annual Conference Attend Meeting Place:	ance (5 points)	Year:			
D. ACCREDITED COURSES: Completed Biology. An official transcript of colleg- per quarter hour and three for each se	e courses must	be submitted with this applicatio	n. Two po		
Course Title		No. of Credit Hours		Quarter	Semester

C. WORKSHOP ATTENDANCE: A maximum of 20 points allowed.

Copies of certificates of full attendance must be submitted with this application.

Supervisor

Date

Organizing Agency

E. <u>REFERENCES:</u> List 3 references regarding your technical ability. (Please have each person listed forward a letter of reference directly to the Executive Director).  TRAINING: Name:
Company/employer:
EMPLOYMENT: Name:
Company/employer:
SCST MEMBER (Research, RST, RGT, CGT): (Other than your supervisor or tutor) Name:
Company/employer:
<ul> <li>APPLICANT: I affirm: <ul> <li>that the foregoing is an honest and truthful statement concerning my equipment, reference material, education, training and experience;</li> <li>that I have read the Constitution and the By-laws of the Society of Commercial Seed Technologists and understand what is expected of a Registered Seed Technologist (available at <a href="www.seedtechnology.net">www.seedtechnology.net</a>, or by contacting SCST);</li> <li>that in order to maintain the integrity of the exam I will not discuss the contents of the exam once I have completed it;</li> <li>that if I successfully fulfill all requirements and am accepted into membership, I will uphold and conform to all such rules and ethics as are now, or which may become, a part of the Constitution and By-Laws of this Society;</li> <li>and that I will actively participate in Society affairs annual conventions, committee assignments, and obligations of elective office.</li> </ul> </li> </ul>
Signature:Date:
TUTOR/TRAINER:  • I affirm that the above information is an honest and truthful statement concerning education, training, and experience in seed testing, and that, if approved for the R.S.T. examination, the applicant is adequately prepared.
SignatureDate:

Society of Commercial Seed Technologists 8918 W 21st St. N Suite 200, #246 Wichita, KS 67205

Direct: 202-870-2412 | Fax: 202-330-5184

scst@seedtechnology.net analyzeseeds.com