

Please type or use black ink.

Note: Before taking the RGT/CGT written exams, the candidate must be an SCST Associate Member for one year prior to taking the exams. Link: https://analyzeseeds.com/how-to-become-an-scst-member/

A non-refundable fee to help with the cost of administering the written examination must accompany this application and be filed with the Executive Director by the deadlines disclosed for the specific exam. The exam fee is \$50 for each written exam, and 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 RGT Board of Examiners Committee will determine testing site and date of the exams. 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. <u>http://www.analyzeseeds.com/scst-constitution-by-laws/</u> and the SCST Seed Technologist Training Publications section of the AOSA/SCST web site. - Link to Chapter 14 Training Manual and RGT Study Guide <u>http://www.analyzeseeds.com/publications/</u>

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	Phone	
Employer/company	FAX	
Address	Email	
City	State	
Zip Code	Date of Associate Membership	

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:



Molecular Genetics



Genetic Purity



Trait Purity

Adventitious Presence (AP)

Do you require accommodation while taking the exam?

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 Do you operate an independent laboratory subsidized by a seed firm? Name of person(s) or firm(s) furnishing such subsidy: 	Yes No
2. Has your laboratory been inspected to determine if it has met the requirements for and methods used as prescribed by the Executive Board of the Society of Commerce Yes Yes No	
If yes, by whom and date of inspection?	

3. Check the type of tests conducted at your present laboratory, and list the primary crops tested by each assay:

Herbicide Bioassay:
ELISA/Immunoassay:
PCR:
Electrophoresis:
Other:

ACCUMULATED CREDITS: A minimum of **100 points** and two full years of lab experience are required before applying.

A. DIRECT SUPERVISION: Seed testing training under direct supervision of a qualified Supervisor. (1 point for each 40 hours supervised) One year spent actively engaged in seed testing is approximately 2000 hours. Give the following information under each employer

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

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

Name of Supervisor:

Qualification of Supervisor: (Must check one)

Registered or Certified member of the Society of Commercial Seed Technologists.

Faculty member conducting genetic purity analysis in a university.

Supervisor of a genetic purity laboratory as approved by the RGT Board of Examiners

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

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

Name of Supervisor:

Qualification of Supervisor: (Must check one)

Registered or Certified member of the Society of Commercial Seed Technologists.

Faculty member conducting genetic purity analysis in an university.

Supervisor of a genetic purity laboratory as approved by the RGT Board of Examiners

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

Date of Employment	From	Mo.	Day	Y	′r.	то	Mo.	Day	Yr.	Full Time	Part Time
•						Hours Spent in ELISA:		t in Hours Sper PCR:		Total Hou under Dire Supervisio	ect

Name of Supervisor:

Qualification of Supervisor: (Must check one)

Registered or Certified member of the Society of Commercial Seed Technologists.

Faculty member conducting genetic purity analysis in an university.

Supervisor of a genetic purity laboratory as approved by the RGT Board of Examiners

Please attach additional information.

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

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

Date of Employment	From	Mo.	Day	Y	′r.	то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay:		Hours S Electrop	pent in horesis:		Hours Spent ELISA:		nt in	Hours Spent in PCR:		Total Hours spent under Direct Supervision:	

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

Date of Employment	From	Mo.	Day	Y	′r.	то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay:		Hours S Electrop	pent in horesis:		Hours Spen ELISA:		nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervisio	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 Spent in Herbicide Bioassay: Electrophoresis:			Hou ELI	ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervisio	ect		

Use this space if you wish to add additional information:

C. WORKSHOP ATTENDANCE: A maximum of 20 points allowed. Copies of certificates of full attendance must be submitted with this application.

Organizing Agency	Supervisor	Date

AOSA-SCST Annual Conference Attendance (5 points) Meeting Place:

Year:

D. ACCREDITED COURSES: Completed accredited courses in Physiology, Biochemistry, Molecular Genetics and Cell Biology. An official transcript of college courses must be submitted with this application. Two points will be awarded per quarter hour and three for each semester hour. A maximum of 50 points allowed.

Course Title	No. of Credit Hours	Quarter	Semester

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:

APPLICANT: I affirm:

- that the foregoing is an honest and truthful statement concerning my equipment, reference material, education, training and experience;
- 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 Genetic Technologist (available at <u>https://analyzeseeds.com/</u>, or by contacting SCST);
- that in order to maintain the integrity of the exam I will not discuss the contents of the exam once I have completed it;
- 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;
- and that I will actively participate in Society affairs, annual meetings, committee assignments, and obligations of elective office.

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 RGT/CGT examination, the applicant is adequately prepared.

Signature

Date:____

AOSA/SCST Administrative Office Attn: Kelly Polzin 8918 W 21st St. N Suite 200, #246 Wichita, KS 67205 Direct: <u>202-870-2412</u> | Fax: <u>202-330-5184</u> <u>scst@seedtechnology.net</u> <u>analyzeseeds.com</u>