

Society Commercial Seed Technologists APPLICATION FOR RGT or 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 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 will be billed to the candidate by invoice upon approval. This application must 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. http://www.analyzeseeds.com/scst-constitution-by-laws/ and the SCST Seed Technologist Training Publications section of the AOSA/SCST web site. - Link to Chapter 14 Training Manual and RGT Study Guide http://www.analyzeseeds.com/publications/

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	Э					Phon	e	
Employer/comp	any					FAX		
Address						Emai	I	
City						State	•	
Zip Code						of Associate bership		
Education	Nam	e & Address of School		Diploma/Deg	egree Major		Dates Attended	
High School								
College								
Business or Vocational								
Graduate								
Please select the	exam	s you wish to take:						
Molecu	ılar Ge	netics		Gene	tic Purity			
Trait P	Trait Purity			Adve	ntitious Presen	ce (AP))	

Mairie oi perso			boratory su ing such su			y a see	d firm?		Yes	No	
2. Has your laborand methods us											ence material
If yes, by whom	and date o	of inspection	n?								
3. Check the ty	pe of tests	conducted	at your pre	sent l	labora	atory, a	nd list the	primary cr	ops tested	d by each as:	say:
	Herbicide	Bioassay: _							·		
	ELISA/Imr	nunoassay	:								
	PCR:										
	Electropho	oresis:									
	Other:										
ACCUMULATE	D CREDIT	<u>S:</u> A mir	nimum of 10	00 po	ints a	and two	full years	of lab expe	rience are	required he	6
							ian youro	or ido oxpo	monoc are	, required be	iore applying.
A. DIRECT SU					nder d	lirect su	upervision	of a qualif	ied Super	visor. (1 poir	
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Hours Spent in Herbicide Bioas				Hou	ırs Spe SA:	nt in	Hours Spent in PCR:		Total Hours spent under Direct Supervision:		
Name of Supervisor:											
Faculty me	or Certified mber cond of a genet	d member ucting ger ic purity la	of the Socientic purity a boratory as	naly	sis in	an uni	versity.				
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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 nar	me and lo	cation (city	and state):							
Date of	From	Mo.	Day	Yr.	то	Mo.	Day	Yr.	Full Time	Part Time

Hours Spent in

ELISA:

Hours Spent in

PCR:

Total Hours spent

under Direct Supervision:

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

Hours Spent in

Herbicide Bioassay:

Hours Spent in

Electrophoresis:

Date of Employment	From	Mo.	Day	Υ	r.	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			

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: Hours Spent in Electrophoresis:			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:

Organizing Agency	Supervisor		Date
	ı		<u> </u>
AOSA-SCST Annual Conferen	ce Attendance (5 points)		
Meeting Place:	, ,	Year:	

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

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

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 https://analyzeseeds.com/, 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 sucl 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.
SignatureDate:
AOSA/SCST Administrative Office Attn: Kelly Polzin

A A 8918 W 21st St. N

Suite 200, #246

Wichita, KS 67205 Direct: <u>202-870-2412</u> | Fax: <u>202-330-5184</u>

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