

RGT/CGT APPLICATION FOR RE-EXAMINATION

A non-refundable \$50 fee per written exam will be invoiced for this application for reexamination that must be filed with the Executive Director postmarked by the deadline described for each specific examination.

Applicant Name	Dhana	
Applicant Name	Phone	
Employer/company	FAX	
Address	Email	
City	State	
Zip Code		

Date of Original Application for RGT/CGT Membership:___

Complete 1-4 below if you have changed employment since original application was filed:

Employer/company	
Address	
City	
Zip Code	

2. Has your present laboratory been inspected to determine if it has met the requirement for minimum equipment, reference material and methods used as prescribed by the executive board of the Society of Commercial Seed Technologists?

Yes No

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

Herbicide Bioassay:
PCR/AP:
Electrophoresis:
Other:

CONTINUING EDUCATION REQUIREMENTS:

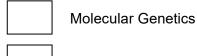
- Less than 1 year since last examination: **<u>10 points</u>**
- More than 1 year since last examination: **20 points**

Continuing education requirements must be completed and filed with the Executive Director two weeks prior to the exam date.

List approved workshops or private training attended. Include proof of attendance:

Organizer	Date

Place an X next to the RGT/CGT written exam to be retaken.



Trait Purity



Genetic Purity



Adventitious Presence (AP)

Do you require accommodations to take the exam?

APPLICANT: | affirm:

- Х that the foregoing is an honest and truthful statement concerning my continuing education,
- Χ 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;
- that if I successfully fulfill all requirements and am accepted into membership, I will uphold Х 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 Х assignments and obligations of elective office.

Signature:_____ Dated:_____

Return to:

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