



Society of Commerical Seed Technologists

RGT/CGT APPLICATION FOR RE-EXAMINATION

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

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:

<input type="checkbox"/>	Herbicide Bioassay: _____
<input type="checkbox"/>	ELISA/Immunoassay: _____
<input type="checkbox"/>	PCR/AP: _____
<input type="checkbox"/>	Electrophoresis: _____
<input type="checkbox"/>	Other: _____

CONTINUING EDUCATION REQUIREMENTS:

- Less than 1 year since last examination: **10 points**
- 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.

☐

Molecular Genetics

☐

Trait Purity

☐

Genetic Purity

☐

Adventitious Presence (AP)

Do you require accommodations to take the exam?

APPLICANT: I affirm:

- X that the foregoing is an honest and truthful statement concerning my continuing education,
- X 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;
- X 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;
- X and that I will actively participate in Society affairs, annual meetings, committee assignments and obligations of elective office.

Signature: _____ Dated: _____

Return to:

AOSA/SCST Administrative Office

Attn: Kelly Polzin

8918 W 21st St. N

Suite 200, #246

Wichita, KS 67205

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