



AOSA/SCST



APPLICATION FOR PURITY AND GERMINATION EXAMINATIONS

Please type or use black ink.

NEW: It is the applicant's responsibility to calculate and track points at the end of each application section.

A non-refundable fee of \$500.00 for both Exams, \$300 each for Purity & Germination, to help with the cost of administering the examination shall be invoiced by the Executive Director upon approval of your application. All requirements must be completed two weeks prior to the examination date with the exception of a workshop attended at the exam site immediately prior to the exam.

EXAMINATION REQUIREMENTS – Examination requirements are posted on the AOSA & SCST websites along exam with Study Guides for examination preparation. **APPLICATIONS THAT ARE UNCLEAR OR CONTAIN INCOMPLETE INFORMATION WILL BE REJECTED.** The Applicant must attach a separate sheet if more space is needed for college records (transcripts), laboratory equipment, references, or additional data helpful to the Board of Examiners.

Applicant Name:		Phone #:	
Employer Name:		FAX #:	
Address:		Email:	
City/State/Zip code:			
Organization:	AOSA	SCST	Please provide current certification or date of associate membership:

Education	School Name, City, State	Diploma/Degree	Major
High School			N/A
College			
Business or Vocational			
Graduate			

1. I wish to take the following examination(s):

Both Examinations (RST, CSA) Germination Exam (CVT, CSA- G) Purity Exam (CPT, CSA-P)

Examination Location (Hosting Facility): _____

Date of Scheduled Examination: _____

2. (SCST only) Do you operate an independent laboratory subsidized by a seed firm?

Yes No

Name of person(s) or firm(s) furnishing such subsidy: _____

3. (SCST only) Has your laboratory been inspected to determine if it has met the requirements 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 and date of inspection? _____

ACCUMULATED CREDITS: *A minimum of 100 points from Sections A to E are required.*

A. DIRECT SUPERVISION: Seed testing training under the supervision of a qualified Seed Technologist. (1 point for each 80 hours supervised) One year spent actively engaged in seed testing is approximately 2000 hours. Give the following information under each employer. Applicants can only pro-rate hours to the date of the exam.

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

Date of Employment	From:	Mo.	Day	Yr.	To:	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Germination Testing:			Hours Spent in Purity Testing:			Total Hours spent in Supervised Seed Testing:				

Name of Supervisor: _____

Qualification of Supervisor: (Must check one)

- Registered or Certified member of the Society of Commercial Seed Technologists.
- Supervisor of a member laboratory of the Association of Official Seed Analysts.
- Senior member of the Commercial Seed Analysts Association of Canada.
- Supervisor of a government laboratory of an International Seed Testing Association member country.

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

Date of Employment	From:	Mo.	Day	Yr.	To:	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Germination Testing:			Hours Spent in Purity Testing:			Total Hours spent in Supervised Seed Testing:				

Name of Supervisor: _____

Qualification of Supervisor: (Must check one)

- Registered or Certified member of the Society of Commercial Seed Technologists.
- Supervisor of a member laboratory of the Association of Official Seed Analysts.
- Senior member of the Commercial Seed Analysts Association of Canada.
- Supervisor of a government laboratory of an International Seed Testing Association member country.

POINT TOTALS: Please calculate the number of points you believe you qualify for from Supervised Work Experience:

_____ Section A Total

Please attach any additional information, including any additional pages if necessary.

B. INDIRECT SUPERVISION: Other seed testing experience not under the supervision of a Seed Technologist. (1 point for each 160 hours unsupervised) Applicants can only pro-rate hours to the date of the exam.

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

Date of Employment	From:	Mo.	Day	Yr.	To:	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Germination Testing:				Hours Spent in Purity Testing:				Total Hours spent in Supervised Seed Testing:		

POINT TOTALS: Please calculate the number of points you believe you qualify for from Unsupervised Work Experience here:

_____ Section B Total

C. SEED SCHOOL/WORKSHOP/WEBINAR ATTENDANCE: A maximum of 20 points allowed; see Study Guide for point allocation.

Copies of certificates of attendance must be submitted with this application or proof of registration for workshops being held the week of the examination.

SEED SCHOOL/WORKSHOPS

Organizing Agency	Supervisor	Date

WEBINARS

Organizing Agency	Webinar Title	Date

POINT TOTALS: Please calculate the number of points you believe you qualify for from Seed School/ Workshop/ Webinar attendance here:

(Don't forget to attach your certificates; *no points will be awarded without proof of attendance.*)

_____ Section C Total

D. AOSA-SCST Annual Conference Attendance: A maximum 5 points allowed.

Year: _____

Meeting Location: _____

POINT TOTALS: Please calculate the number of points you believe you qualify for from AOSA/SCST Annual Meeting attendance here:

_____ Section D Total

E. ACCREDITED COURSES: A maximum of 50 points allowed. Completed accredited courses in Botanical Science and/or Seed Technology. ***A transcript of college courses must be submitted with this application.***

Two points will be awarded per quarter hour and three for each semester hour. Please attach any additional information.

Course Title	No. of Credit Hours	Quarter	Semester

POINT TOTALS: Please calculate the number of points you believe you qualify for from Accredited Coursework here: (Don't forget to attach your transcript. *No points will be awarded without proof of successful completion of coursework.*)

_____ Section E Total

F. SCST:

REFERENCES: List 3 references regarding your technical ability. (Please have each person listed forward a letter of reference directly to the Exam chair).

TRAINING:	
Name:	
Company/employer:	
EMPLOYMENT:	
Name:	
Company/employer:	
SCST MEMBER (Research, RST, CVT, CPT, RGT or CGT): (Other than your supervisor or tutor)	
Name:	
Company/employer:	

SCST APPLICANT: I affirm:

- that the foregoing is an honest and truthful statement concerning my equipment, reference material, education, training and experience;
- 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 I have read the Constitution and the By-laws of the Society of Commercial Seed Technologists and understand what is expected of a RST/CVT/CPT (available at www.analyzeseeds.com/scst-constitution-by-laws/ , or by contacting the Executive Director);
- 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 conventions, committee assignments, and obligations of elective office.

Signature: _____ Date: _____

AOSA:

REFERENCE: List a qualified member of your laboratory (CSA, CSA-P, CSA-G) that can vouch for your technical ability. (The qualified member must forward a letter of reference directly to the Exam chair).

LABORATORY MEMBER	
Name:	
Laboratory Name:	

AOSA APPLICANT: I affirm:

- that the foregoing is an honest and truthful statement concerning my Laboratory, reference material, education, training and experience;
- 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 Certified as a CSA, CSA-P or CSA-G, I will maintain the highest technical and ethical standards of Seed testing;
- and that I will actively participate in the Association's affairs annual conventions, committee assignments, and obligations of elective office.

Signature: _____ Date: _____

TUTOR/TRAINER/LABORATORY MEMBER:

- 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 examination, the applicant is adequately prepared.

Signature: _____ Date: _____

G. FINAL CHECKLIST: Use this checklist to make sure your application is complete before submitting. Incomplete applications will be denied without further information. In the event you need to resubmit your application due to incompleteness, late arrivals of required materials will not be accepted. It is in your best interest to apply for your desired exam early and in full.

_____ *SCST Member:* Is current certification or date of Associate Membership provided?

_____ Are my transcripts included?

_____ Are my certificates of completion for Seed Schools/Workshops/Webinars included?

_____ Did I calculate the points for each section and provide the cumulative points on each page?

_____ Have my Letter(s) of Recommendation been arranged to be sent to the Executive Director?

_____ Did I include my signature on this application?

The SCST/AOSA exam is available in English only. If you require special accommodations in regard to taking the exam, please indicate that need here:

Note: Special accommodations will be considered on a case by case basis. The BOE and exam host location cannot accommodate requests made the day of the exam

Section	Maximum Points Allowed	Applicant Calculated Points
A	n/a	
B	n/a	
C	20	
D	5	
E	50	

AOSA applicants, please submit application to: leanne.duncan@inspection.gc.ca
and aosa@aosaseed.com

SCST applicants, please submit application to: sarah.graybill@sgs.com
and scst@seedtechnology.net