

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 reexamination that must be filed with the Executive Director postmarked no later than: <u>April 1, of</u> <u>each calendar year for the SCST Annual meeting and October 1 of each calendar year for</u> <u>the December exams.</u>

Applicar	nt Name				Phone			
Employe	er/company				FAX			
Address					Email			
City					State			
Zip Cod	le							
Date of Original Application for Membership: Complete 1-4 below if you have changed employment since original application was filed:								
	Employer/co		-					
	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?								
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:							
	ELISA/Immunoassay:							

	PCR/AP:						
	Electrophoresis:						
	Other:						
CONTINUING	S EDUCATION REQUIREMENTS:						
	han 1 year since last examination 10 points 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 ı	next to the RGT/CGT written exam to be retaken.						
Mole	ecular Genetics						
Trait	Purity						
Gen	etic Purity						
Adve	entitious Presence (AP)						
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 Seed 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 conventions, committee assignments and obligations of elective office.

Signature:	Dated:	
- 1.g. 1.e.t.d.: - 1.		

Return to: Society of Commercial Seed Technologists

8918 W 21st N Suite 200, #246 Wichita, KS 67205 Phone: (202) 870-2412 Fax: (202) 330-5184

Email: scst@seedtechnology.net
Website: www.seedtechnology.net