

## Society Commercial Seed Technologists APPLICATION FOR RGT OF 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 two years prior to taking the exams. Link: http://www.analyzeseeds.com/how-to-become-a-member/

A non-refundable fee to help with the cost of administering the written examination must accompany this application and filed with the Executive Director by April 1 annually. The exam fee is \$50 for each written exam, in addition 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 2<sup>nd</sup> written exams will be scheduled six months after the annual meeting or December of the same year. The RGT Board of Examiners Committee will determine testing site and date of the exams. Applications for the 2<sup>nd</sup> written exams must be submitted to Executive Director by October 1 annually. 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. <a href="http://www.analyzeseeds.com/scst-constitution-by-laws/">http://www.analyzeseeds.com/scst-constitution-by-laws/</a> and the SCST Seed Technologist Training Publications section of the AOSA/SCST web site. - Link to Chapter 14 Training Manual and RGT Study Guide <a href="http://www.analyzeseeds.com/publications/">http://www.analyzeseeds.com/publications/</a>

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						e		
Employer/comp	ployer/company					FAX			
Address						Emai			
City						State	•		
Zip Code	) Code								
					1			1	
Education	Nam	e & Address of School		Diploma/Degree Major		Dates Attended			
High School									
College									
Business or Vocational									
Graduate									
Please select the	e exam	s you wish to take:							
Molecular Genetics				Genetic Purity					
Trait Purity				Adventitious Presence (AP)					

Do you operate an indep Name of person(s) or firm					see	d firm?		Yes	No	
2. Has your laboratory beer and methods used as presc										rence materia
If yes, by whom and date of	inspection	า?								
3. Check the type of tests of	onducted	at your pre	sent la	borato	ory, aı	nd list the	primary cr	ops tested	l by each as	say:
Herbicide B	ioassay: _									
ELISA/Imm	unoassay	:						· · · · · · · · · · · · · · · · · · ·		
PCR:	· · · · · · · · · · · · · · · · · · ·									
Electrophor	esis:									
Other:										
<ul> <li>A. DIRECT SUPERVISION hours supervised) One year Give the following information</li> <li>1) Employer name and local</li> </ul>	spent act on under e	ively engag each employ	jed in						visor. (1 poir	nt for each 40
Date of From Employment	Mo.	Day	Yr		то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay:	Hours S Electrop	pent in phoresis:		Hours ELISA		nt in	Hours Spo PCR:	ent in	Total Hou under Dir Supervisi	ect
Name of Supervisor:	'		'							
Qualification of Supervisor:  Registered or Certified Faculty member cond Supervisor of a geneti	d member ucting ger	of the Soci netic purity a	analys	is in a	unive	ersity.				
2) Employer name and loca	ation (city	and state):								
Date of From Employment	Mo.	Day	Yr		ТО	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in	Hours S	nent in	1	Hours	Sne	nt in	Hours Sne	ent in	Total Hou	ire enent

		ù-									
Herbicide Bioas	ssay:	Electrop	horesis:	esis: ELIS		SA:		PCR:		under Direct Supervision:	
Name of Supervi	sor:										
Qualification of S Registered Faculty me Supervisor  3) Employer nar	or Certified mber cond of a geneti	d member ucting ger c purity la	of the Śocio etic purity a boratory as	analy	sis in	an univ	versity.				
Date of Employment	From	Mo.	Day	Yr.		то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioas	ssay:	Hours Spent in Electrophoresis:  Hours Spent in PCR:  Total Hours sp under Direct Supervision:						ect			
Qualification of S Registered Faculty me	upervisor: or Certified mber cond	d member ucting ger	of the Soci etic purity a	analy	sis in	an univ	ersity.	-			
Supervisor	ot a geneti	c purity la	boratory as	appr	oved	by the	RGT Boa	ird of Exam	iners		

Please attach additional information.

<b>B. INDIRECT SUPERVISION</b> : Seed testing training under indirect supervision. (1 point for each 80 hours unsupervised) Give the following information under each employer
4) Employer name and location (city and state):

Date of Employment	From	Mo.	Day	Υ	r.	то	Mo.	Day	Yr.	Full Time	Part Time
Hours Spent in Herbicide Bioassay: Herbicide Bioassay: Hours Spent in Electrophoresis:			ırs Spe SA:	nt in	Hours Spe PCR:	ent in	Total Hou under Dire Supervisie	ect			

5) 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			

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 Bioas	•			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:

AOSA-SCST Annual Conference Attend Meeting Place:	ance (5 points)	) Year:			
D. ACCREDITED COURSES: Completed Biology. An official transcript of college per quarter hour and three for each se	e courses must	be submitted with this application			
Course Title		No. of Credit Hours	(	Quarter	Semester

Date

C. WORKSHOP ATTENDANCE: A maximum of 20 points allowed.
Copies of certificates of full attendance must be submitted with this application.
Organizing Agency
Supervisor

TRAIN	ce directly to the Executive Director).
Co	mpany/employer:
	OYMENT: ame:
Co	ompany/employer:
	MEMBER (Research, RST, RGT, CGT): (Other than your supervisor or tutor) ame:
Со	empany/employer:
<ul> <li>that training trainin</li></ul>	NT: I affirm: at the foregoing is an honest and truthful statement concerning my equipment, reference material, education, aining and experience; at I have read the Constitution and the By-laws of the Society of Commercial Seed Technologists and inderstand what is expected of a Registered Seed Technologist (available at <a href="https://www.seedtechnology.net">www.seedtechnology.net</a> , or by ontacting SCST); at in order to maintain the integrity of the exam I will not discuss the contents of the exam once I have ompleted it; at if I successfully fulfill all requirements and am accepted into membership, I will uphold and conform to all such les 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 ective office.
Signature:	Date:
	RAINER:  Iffirm that the above information is an honest and truthful statement concerning education, training, and experience seed testing, and that, if approved for the R.S.T. examination, the applicant is adequately prepared.
Signature_	Date:

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