AOSA/SCST

# RE-EXAMINATION APPLICATION

## A non-refundable exam fee ($500 for CSA/RST $300 for CSA-G/CVT & CSA-P/CPT, $50 for RGT/CGT) must accompany this application for re-examination and submitted to the Executive Director and the appropriate examination chair no later than **two months prior to examination date.**

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| --- | --- | --- | --- |
| Applicant Name: | Click here to enter text. | Phone: | Click here to enter text. |
| Employer Name: | Click here to enter text. | | | |
| Email: | Click here to enter text. | | | |
| Address: | Click here to enter text. | | | |
| City/State/Zip Code: | Click here to enter text. | | | |

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| Date of Previous Examination: Click here to enter text. | | | | |
| Re-Examination Location (Hosting Facility): Click here to enter text. | | | |  |
| Date of Scheduled Re-Examination: Click here to enter text. | | | |  |
| **Please indicate the exam you wish to take:** | | |  |  |
| **CSA-G/CVT (Germination)** | |
| Written |  |
| Practical |  |
| Both Sections |  |
| **CSA-P/CPT (Purity)** | |
| Written |  |
| Practical |  |
| Both Sections |  |
| **RGT – practical**  Please indicate which exam: Click here to enter text | |
| **RGT – written**  Please indicate which exam: Click here to enter text | |

**Complete below if you have changed employment since original application was filed:**

|  |  |
| --- | --- |
| Original Employer | Click here to enter text. |
| Address | Click here to enter text. |
| City | Click here to enter text. |
| Zip Code | Click here to enter text. |

# CSA/RST, CSA-G/CVT, CSA-P/CPT CONTINUING EDUCATION REQUIREMENTS:

**5 points** in the area of the exam failed or **6 points** (3 points germination, 3 points purity) if retaking both exams.

Continuing education requirements must be completed after the failed attempt and prior to re-examination and filed with the Executive Director and Exam co-chair.

**List Approved Workshops, Webinars or Private Training (approved by Teaching and Training Committee)**

Proof of attendance must be submitted at time of application.

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| **Organizer** | **Date** |
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# RGT/CGT 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 after the failed attempt and prior to re-examination and filed with the Executive Director and Exam co-chair.

**List Approved Workshops, Webinars or Private Training (approved by Teaching and Training Committee)**

Proof of attendance must be submitted at time of application.

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| --- | --- |
| **Organizer** | **Date** |
| Click here to enter text. | Click to enter a date. |
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| Click here to enter text. | Click to enter a date. |

### SCST APPLICANT: I affirm:

* that the foregoing is an honest and truthful statement concerning my equipment, reference material, education, training and experience.
* that 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/RGT/CGT (available at [www.analyzeseeds.com/scst-constitution-by-laws/,](http://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.

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| Signature: Click here to enter text. | Date: Click to enter a date. |

### 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: Click here to enter text. | Date: Click to enter a date. |

AOSA applicants, please submit application to: [leanne.duncan@inspection.gc.ca](mailto:leanne.duncan@inspection.gc.ca)

**and** [aosa@aosaseed.com](mailto:aosa@aosaseed.com)

SCST applicants, please submit application to: [sarah.graybill@sgs.com](mailto:sarah.graybill@sgs.com)

**and** [scst@seedtechnology.net](mailto:scst@seedtechnology.net)  
  
SCST Genetics applicants, please submit application to: [molly.richeson@agreliant.com](mailto:molly.richeson@agreliant.com)

**and** [scst@seedtechnology.net](mailto:scst@seedtechnology.net)