

Appendix B: Certified Technology Specialist- General (CTS) - Exam Application

Section I: Summary of Eligibility Requirements

To be eligible to take the general CTS exam, a candidate must:

- Agree to the terms and conditions noted in this application
- Agree to read and abide by the CTS Code of Ethics and Conduct, pledging truth, accuracy and a commitment to excellence in all aspects of the profession

Applicants are strongly urged to refer to the examination content outline found in [Appendix A](#) of the CTS Candidate Handbook. It is important to self-assess for the skills indicated in the CTS Exam Content Outline before registering.

InfoComm has created a study resource center at www.infocomm.org/ctsprep. This page provides detailed study information and material references to help you prepare yourself for the exam.

Candidates for the CTS examination administered by the independent InfoComm Certification Committee must complete all sections of this application in full and submit the application with the required examination fee. The application may be completed online at www.infocomm.org, or may be e-mailed, mailed or faxed to the certification office at the following address:

InfoComm International, Attn. Certification Office
11242 Waples Mill Rd., Suite 200, Fairfax, VA 22030

Contact information for additional information:

1.800.659.7469 or +1.703.273.7200

+1.703.991.8259 Fax

certification@infocomm.org

www.infocomm.org

Note: Candidates for the CTS examination administered by the Certification Committee must complete all sections of this application with payment to be considered for eligibility to take the CTS examination. Application must be E-MAILED, MAILED or FAXED to the certification office.

Note: Candidates are strongly encouraged to carefully review the CTS Candidate Handbook available online at www.infocomm.org BEFORE applying to obtain important information regarding preparing for the exam, the application and testing process including all fees, as well as the exam content outline/blueprint and references for the exam.

Section II: Applicant Information



Important Note

Name **MUST** match your government issued identification that will be presented at the testing center. Failure to do so will result in being denied exam access.

First (Given) Name _____ Last (Family) Name _____

Address 1 _____

Address 2 _____

City _____ ZIP/Postal Code _____

State/Province _____ Country _____

Phone _____ FAX _____ Email _____

Section III: Employment History

Please complete employment history, latest experience listed first.

Most Recent Employer (1) _____

Address 1 _____

Address 2 _____

City _____ ZIP/Postal Code _____

State/Province _____ Country _____

Supervisor Name _____ Supervisor Title _____

Employment Dates _____ Your Title _____

Employer Phone _____ Employer Email _____

Employer (2) _____

Address 1 _____

Address 2 _____

City _____ ZIP/Postal Code _____

State/Province _____ Country _____

Supervisor Name _____ Supervisor Title _____

Employment Dates _____ Your Title _____

Employer Phone _____ Employer Email _____

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
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Section IV: Applicant Special Accommodations Request

Please check **Yes** or **No**: Yes No

*If yes, you must complete the Request for InfoComm Examination Special Accommodations AND Healthcare Documentation of Disability Related Needs forms in the CTS Candidate Handbook online at www.infocomm.org/cts and mail to the certification office a **minimum of 45 days** prior to your desired testing date.*

Section V: Agreement and Signature

By checking the box and by typing or signing my name in the space provided, I agree to the following:

- I authorize the Certification Committee to obtain any background information necessary to verify the accuracy and completeness of my responses to all questions contained herein.
- I understand that the Certification Committee may audit candidate applications to verify experience or education either prior to or after an examination is taken, or after the results are announced. I agree to cooperate with such audit and further understand that providing false information for verification of experience or education, or having others to do so is a violation of the CTS Code of Ethics and Conduct and may result in sanctions.
- I hereby certify that I have read all portions of this application and the CTS Candidate Handbook and believe myself to be in compliance with all admission policies related to the CTS examination. The information I submit on this application and any documents I have enclosed or forwarded are complete, true and correct to the best of my knowledge and belief.
- I agree to immediately inform the certification office of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the Certification Committee.
- I hereby attest that I am signing, either in person or electronically if by other than mailed application, and that I will be the individual taking the CTS examination I have applied for, solely for the purposes of CTS certification. I further understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me.
- I have read, understand, and agree to be bound by the certification-related policies and procedures and CTS Code of Ethics and Conduct promulgated by the Certification Committee. I understand and agree that my failure to abide by the Certification Committee's policies and procedures and CTS Code of Ethics and Conduct shall constitute grounds for rejection of my application or denial or revocation of my certification.
- I understand that if successful I will be listed in the online professional certification registry; however, if in the future if I should not want to continue to be listed in the online registry, that I should send an email request stating such to certification@infocomm.org or fax/mail the request to the certification office. I understand that even if my credentials are not listed in the online directory InfoComm will continue to verify credentials upon request.
- I agree to give the Certification Committee, and its agents and contractors, permission to contact me by U.S. mail, electronic mail, facsimile, or through other media on matters that InfoComm believes may be of importance to me. Should I wish to be taken off the certification mailing list in the future, I will send an email request stating such to certification@infocomm.org, or fax/mail the request to the certification office.

I have read, understand, and agree to the terms listed above.

Please check the box and personally sign or type name and date below as your electronic signature of agreement if this application is submitted other than by mail.

Applicant Signature: _____ Date: _____

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Section VI: Examination Fees and Payment Method

	<i>USD Member</i>	<i>USD Non- Member</i>	<i>Euro Member</i>	<i>Euro Non- Member</i>	<i>GBP Member</i>	<i>GBP Non- Member</i>	<i>AUD Member</i>	<i>AUD Non- Member</i>
<i>CTS</i>	375	475	340	430	280	350	500	635
<i>Developing Country CTS</i>	165	215	150	195	125	160	220	285

Note: Please note that applications will not be processed unless accompanied by a payment for the correct amount, signatures and any attachments required as a part of the eligibility requirements.

Please indicate form of payment:

I have enclosed a check or money order payable to InfoComm International for the appropriate amount as listed above.

OR

USD GBP

I authorize InfoComm International to charge my credit card _____ Euro AUD

Credit Card # _____ (approved amount)
Expiration Date _____

Type of Credit Card: Visa MasterCard American Express

Print Name of Cardholder _____

Signature of Cardholder _____

Print Name of Applicant if Different from Cardholder _____

OR

By wire transfer:

Wire transfers are acceptable methods of payments, however, added processing time and additional bank fees may occur as a result. The applicant is responsible for any bank fees incurred.

USD GBP

I have sent a wire transfer to InfoComm International in the amount of _____

Euro AUD

Wire transfer #: _____

OR

Gift Card #: _____

Mail, fax, or email this application to the following addresses:

InfoComm International, Attn. Certification Office
11242 Waples Mill Rd., Suite 200, Fairfax, VA 22030
1.800.659.7469 or +1.703.273.7200
+1.703.991.8259 Fax
certification@infocomm.org
www.infocomm.org

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Appendix C: Special Accommodations

Request for InfoComm (CTS, CTS-D, CTS-I) Exam Special Accommodations

If you have a disability covered by a national disabilities program (e.g., Americans with Disabilities Act), and you wish to request accommodation for a qualified disability, please complete this form AND the *Healthcare Documentation of Disability Related Needs Form* so your request can be processed efficiently. The information you provide, along with any documentation regarding your disability and your need for accommodation in testing, is strictly confidential.

Applicant Information:

First (Given) Name _____ Last (Family) Name _____
Address 1 _____
Address 2 _____
City _____ ZIP/Postal Code _____
State/Province _____ Country _____
Phone _____ FAX _____ Email _____

Special Accommodations

I request special accommodations (please indicate in the table below), for the (preferred date of exam) _____ administration of the Certified Technology Specialist (CTS, CTS-D or CTS-I) Exam. I understand that the InfoComm Certification Committee may require a fee to defray the costs of these accommodations, as may be permitted by law.

Please provide (check all that apply):

- Accessible testing site
- Separate testing area
- Special seating
- Reader
- Extended testing time (time and a half)
- Other ADA special accommodations as authorized by a qualified medical professional (please specify): _____

Applicant's Signature: _____ Date _____

Healthcare Provider's Signature: _____ Date _____

*Return this form with your exam application information to the certification office **a minimum of 45 days** prior to the date you wish to take the exam. This request will not be processed if it is not accompanied by a properly completed InfoComm Exam Documentation of Disability Related Needs Form (Appendix D).*

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
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Appendix D: Healthcare Documentation

InfoComm (CTS, CTS-D, CTS-I) Exam - Healthcare Documentation of Disability Related Needs

This section must be completed by a licensed healthcare provider who has been personally involved in the diagnosis or treatment of the disability for which you are requesting accommodation, OR an educational or testing professional who has previously provided you with testing accommodations similar to those requested. This form must accompany the Request For InfoComm (CTS, CTS-D, CTS-I) Exam Special Accommodations Form.

Professional Documentation

I have known _____ (Exam Applicant's Name) since _____ (Date) in my capacity as a _____ (Professional Title)

The applicant has discussed with me the nature of the exam to be administered. It is my opinion that, because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Comments _____

Signed: _____

Print Name: _____

Title: _____ Date: _____

License # (if applicable) _____

*Return this form with your exam application information and the "Request for InfoComm (CTS, CTS-D, CTS-I) Exam Special Accommodations" to the certification office a **minimum of 45 days** prior to the date you wish to take the exam. Please call the InfoComm Certification Office, if you have any questions about procedures in completing this application.*

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Fairfax, VA 22030