

Appendix G: Retest Application

Certified Technology Specialist™ CTS®, CTS-D® or CTS-I® RETEST Application

Candidates who do not pass the CTS, CTS-D, or CTS-I exam may retake the exam two additional times (with a minimum period of 30 days between each retake attempt) for a **fee of \$130 USD worldwide** (plus any applicable taxes) for each retake attempt by using the CTS Exam Retest Form, no later than 120 days from the date of the last exam attempt.

Candidates RETESTING for the CTS, CTS-D, or CTS-I exams administered by Certification Committee must complete all applicable sections of this application along with payment in order to RETEST the CTS, CTS-D, or CTS-I exam. This retest application must be e-mailed, mailed or faxed with payment to the AVIXA Certification Office at:

AVIXA, 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@AVIXA.org
www.AVIXA.org



Note:

Candidates RETESTING are strongly encouraged to carefully review the CTS, CTS-D or CTS-I Candidate Handbook again, available online at www.AVIXA.org BEFORE applying to RETEST in order to obtain important information regarding preparing for the exam, the RETEST application and testing process including all fees, as well as the Exam Content Outline and references for the exam.

Applicant Information – Please Print

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



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

Address 1 _____

Address 2 _____

City _____ ZIP/Postal Code _____

State/Province _____ Country _____

Phone _____ FAX _____

Email _____

Retesting for: CTS CTS-D CTS-I Date of original test: _____

Date(s) of previous RETEST if you have previously retested (Maximum of two retests total are allowed): _____,

Special Accommodations Request: Yes No



Note:

*If yes, you must complete the Request for AVIXA Examination Special Accommodations AND AVIXA (CTS, CTS-D, CTS-I) Examination Healthcare Documentation of Disability Related Needs found in the Candidate Handbooks online at www.AVIXA.org/certification and email, mail, or fax it to the AVIXA Certification Office a **minimum of 45 days prior** to your desired testing date.*

RETEST ONLY Examination Fees

	<i>USD Member/Non-Member</i>	<i>Euro Member/Non-Member</i>	<i>GBP Member/Non-Member</i>	<i>AUD Member/Non-Member</i>
Retest	130	120	100	175

Note: Fees include testing center “seat fees”.

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 AVIXA website at www.AVIXA.org.
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RETEST ONLY Agreement and Signature

- 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 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 personally 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, agree to be bound by the certification-related policies and procedures and 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 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 Certification Committee's 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@AVIXA.org or fax/mail the request to the certification office. I understand that even if my credentials are not listed in the online directory, AVIXA 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 the Certification Committee believes may be of importance to me. Should I wish to be taken off the AVIXA mailing list in the future, I will send an email request stating such to certification@AVIXA.org, or fax/mail the request to the AVIXA certification office.

I have read, understand, and agree to the terms above. (Please check 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).

Signature: _____ Date: _____

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Payment Information

	<i>USD Member/Non-Member</i>	<i>Euro Member/Non-Member</i>	<i>GBP Member/Non-Member</i>	<i>AUD Member/Non-Member</i>
<i>Retest</i>	130	110	100	170

Please indicate form of payment:

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

OR

I authorize AVIXA to charge my credit card _____

USD GBP
 Euro AUD

Credit Card # _____ 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.

I sent a wire transfer to AVIXA in the amount of _____

USD GBP
 Euro AUD

Wire transfer #: _____

OR

Gift Card #: _____

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

AVIXA, 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@AVIXA.org
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