

# Reinstatement Application

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

Candidates who miss their exam or have let their eligibility ID expire are required to reinstate the exam for a fee of \$130 USD worldwide. Candidates REINSTATING their eligibility for the CTS, CTS-D, or CTS-I exams must complete all relevant sections of this application and include payment in order to REINSTATE the CTS, CTS-D, or CTS-I exam, no later than 120 days from the missed/not scheduled exam, or expired eligibility time frame. This REINSTATEMENT application must be mailed, emailed, 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](mailto:certification@AVIXA.org)  
[www.AVIXA.org](http://www.AVIXA.org)



**Note:**

Candidates REINSTATING are strongly encouraged to carefully review the CTS, CTS-D or CTS-I Candidate Handbook again, available online at [www.AVIXA.org](http://www.AVIXA.org) BEFORE applying for REINSTATEMENT in order to obtain important information regarding preparing for the exam, the Reinstatement 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 \_\_\_\_\_

Reinstating for:       CTS                       CTS-D                       CTS-I

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](http://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.*

## REINSTATEMENT ONLY Examination Fees

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

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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](http://www.AVIXA.org).  
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## REINSTATEMENT 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: \_\_\_\_\_

## Payment Information

**Reinstatement fees are \$130 USD worldwide (plus any applicable taxes).**

**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

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 have sent a wire transfer to AVIXA in the amount of \$\_\_\_\_\_ USD

Wire transfer #: \_\_\_\_\_

**OR**

Voucher #: \_\_\_\_\_

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

AVIXA, Attn. Certification Office  
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1.800.659.7469 or +1.703.273.7200  
+1. 703.991.8259 Fax  
[certification@AVIXA.org](mailto:certification@AVIXA.org)  
[www.AVIXA.org](http://www.AVIXA.org)

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