

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

Section I: Summary of Eligibility Requirements

In order to be considered eligible to sit for the CTS-I certification examination, applicants must meet the following requirements:

- Hold current certification as a general CTS
- Have signature agreement to the terms and conditions including the CTS Code of Ethics and Conduct
- Be in good standing with the Certification Committee (no ethics cases or sanctions)
- Provide documentation verifying a minimum of two years' audiovisual industry experience in audiovisual installation as verified by signature of owner, supervisor, HR department OR provide redacted documentation such as W2s, performance reviews, client letters etc.
- Provide verification of attainment of skills in the following technical areas:
 - i) termination
 - ii) rack build
 - iii) projector setup and installation
 - iv) audio setup and EQ
 - v) mounting equipment
 - vi) customer service relations

Applicants are strongly urged to refer to the examination content outline found in Appendix A of the CTS-I Candidate Handbook.

InfoComm has created a CTS-I Exam Resource center at www.infocomm.org/ctsiprep, which provides assessment tools and resource information to help you prepare yourself for the exam. Candidates for the CTS-I 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 downloaded online at www.infocomm.org/ctsi, and then emailed as a completed PDF, mailed, or faxed to the certification office:

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-I examination administered by the Certification Committee must complete all sections of this application with payment to be considered for eligibility to take the CTS-D examination. Application must be emailed, mailed or faxed to the certification office.

Note: Candidates are strongly encouraged to carefully review the CTS-I Candidate Handbook available online at www.infocomm.org/ctsi BEFORE applying. 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.

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS-I Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
©2017 InfoComm International®

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 _____

Yes, I have a valid CTS certification and have no sanctions or pending investigations through the Certification Committee.

Section III: CTS-I Eligibility Requirements

CTS-I candidates are required to provide documentation in three areas:

- CTS Certification In Good Standing (please attach copy of your certificate)
- Minimum of two (2) years of audiovisual industry experience per Section IV below
- Meet the experience requirements per Section V below

Section IV: 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-I Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
©2017 InfoComm International®

Section V: Verification of Experience Requirements

Each of the following experiences in related skill areas must be verified by either a recognized verifier (see list of recognized individuals online at www.infocomm.org/ctsi) or copy of course completion for a course recognized in that skill area (see list of recognized courses online at www.infocomm.org/ctsi). For courses that are not included on the recognized list, the applicant must attach the course title and learning objectives related to the skill being verified along with the course completion and submit with the application.



Regarding verifying experience: In serving as a verifier for the applicant, the verifier understands that he/she is attesting to the applicant's experience in the specific technical areas as listed below.



Experience sections below are based upon the candidate having at least the minimum experience and proficiency necessary to meet the experience requirements. Parameters defining the minimum experience are provided below as guidelines.

Verification checkboxes must be checked, signatures in place and copies of applicable documents attached as a requirement of eligibility.

Experience/Education Verification Required

Verification must be by one of the following methods:

- A [Recognized Verifier](#) must check boxes and sign in the appropriate sections below. Generally a recognized verifier will be one of the following: current CTS-I, supervisor, manufacturer approved instructor or an audiovisual program instructor.

OR

- Candidate must attach copy of a course completion from a [Recognized Course](#) for the appropriate sections below. For a course not previously recognized candidate must submit a copy of the course title and learning objectives along with a copy of the course completion document.

This page is provided for your reference. Do not return with application.

► **Termination Experience - Verification Checklist**

- Solders connectors resulting in a shiny appearance with good wetting and flow
- Applies heat shrink for proper strain relief and to prevent future short circuiting
- Selects correct termination materials
- Measures for appropriate connectivity

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

► **Rack Build Experience - Verification Checklist**

- Builds racks from technical drawings
- Manages power cables so that equipment can be efficiently removed for service
- Grounds rack
- Maintains proper signal separation

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS-I Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
©2017 InfoComm International®

► **Projector Setup and Installation Experience - Verification Checklist**

- Permanently install projector and adjust display setting resulting in an image with correct geometry
- Calculates and applies throw distances for specific projector installation

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

► **Audio Setup and EQ Experience - Verification Checklist**

- Utilizes test equipment to measure for ambient room noise and determine sound pressure levels
- Sets the gain and equalizes the audio system
- Measures signal-to-noise ratio at various test points in an audio system

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

► Mounting Equipment Experience - Verification Checklist

- Mounts AV equipment
- Follows safety practices in mounting equipment
- Mounts AV equipment from technical drawings

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

► Customer Relations Experience - Verification Checklist

- Responds to customer inquiries with appropriate explanations and supported by industry knowledge
- Generates correspondence and reports detailing technical issues and explanations

Verification by (check one):

- Recognized Verifier** (from listing at <http://www.infocomm.org/ctsi>):

Print Name/Title _____

Signature _____ Date _____

Email _____ Phone _____

- Recognized training course** (from listing at <http://www.infocomm.org/ctsi>)

A copy of the course completion must be attached. For a course not recognized, applicant must attach course title and learning objectives.

Course Completion Date _____ Recognized Course Name _____

Section VI: Documentation of Experience



This section must be completed and signed if the candidate chooses to verify experience by employer. If you choose not to have your employer verify experience, you must provide alternate documentation of two years audiovisual installation experience. Examples would include redacted W2s, evaluations, client letters or similar documents

Current accreditation standards under which the CTS-I is accredited require that a candidate for the CTS-I examination validate that they have met the prerequisite of possessing a minimum of two (2) years of installation experience in the area of audiovisual installation. If the verification of experience by employer option is chosen by the candidate, this form must be signed by the employer, supervisor, or HR department of the candidate's employer as verification as noted below:

I hereby affirm that the following candidate _____ (*Print candidate's name*) for the CTS-I examination has met the requirement of a minimum of two (2) years of installation experience in audiovisual installation. I also understand that applicants accepted as candidates and those certified as CTS-I have agreed to a Code of Ethics and Conduct and that providing false information on an exam application may result in an investigation and subsequent sanctions against the candidate by the Certification Ethics Committee that could include suspension of privileges as an applicant to apply for an InfoComm certification exam for a set period of time or suspension/removal of an existing certification.

Verifier's Name (Please print) _____
Title or position (Please print) _____
Company _____
Contact phone _____ Contact Email _____
Signature _____ Date signed _____

Section V: 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 VI: 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 Certified Technology Specialist 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-I Candidate Handbook and believe myself to be in compliance with all admission policies related to the CTS-I 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-I examination I have applied for, solely for the purposes of CTS-I 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 Certified Technology Specialist 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 Certified Technology Specialist 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: _____

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</i>	475	575	430	520	350	425	635	765
<i>Developing Country CTS-I</i>	215	265	195	240	160	195	285	355

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

I authorize InfoComm International to charge my credit card _____ USD GBP
(approved amount)
 Credit Card # _____ Expiration Date _____ Euro AUD

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 InfoComm International in the amount of _____

USD GBP
 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

NOTE: Applicants and stakeholders should download the most up-to-date free edition of the CTS-I Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org.
 ©2017 InfoComm International®

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.
©2017 InfoComm International®

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.*

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