



Section I: Summary of Exam Eligibility

Candidates for the CTS-D examination must:

1. Hold current certification as a general CTS
2. Have signature agreement to the terms and conditions including the CTS Code of Ethics and Conduct
3. Be in good standing with the Certification Committee (no ethics cases or sanctions)
4. Provide documentation verifying a minimum of two years' audiovisual industry experience in audiovisual design as verified by signature of owner, supervisor, HR department OR provide redacted documentation such as W2s, performance reviews, client letters, etc.

Applicants are strongly urged to refer to the examination content outline found in [Appendix A](#) of the CTS-D Candidate Handbook.

InfoComm has created a CTS-D Exam Resource center at www.infocomm.org/cts, which provides assessment tools and resource information to help you prepare yourself for the exam.

Candidates for the CTS-D 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, 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-D 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-D Candidate Handbook available online at www.infocomm.org 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-D Candidate Handbook that may include important policy and procedure updates by going to the InfoComm website at www.infocomm.org. Date of this version is 1/26/2012

CTS-D Candidate Handbook

Certified Technology Specialist-Design



Section II: Applicant Information

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 _____

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

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 E-mail _____

Please describe your **audiovisual design** experience with this company (CTS-D eligibility requires minimum of two years of **audiovisual design** experience)

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Employer (2) _____

Address 1 _____

Address 2 _____

City _____ ZIP/Postal Code _____

State/Province _____ Country _____

Supervisor Name _____ Supervisor Title _____

Employment Dates _____ Your Title _____

Employer Phone _____ Employer E-mail _____

Please describe your **audiovisual design** experience with this company (CTS-D eligibility requires minimum of two years of **audiovisual design** experience)

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Section IV: Documentation of Experience

Note: 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 design experience. Examples would include redacted W2s, evaluations, client letters or similar documents

Current accreditation standards under which the CTS-D is accredited require that a candidate for the CTS-D examination validate that they have met the prerequisite of possessing a minimum of two (2) years of design experience in the area of audiovisual design. 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-D examination has met the requirement of a minimum of two (2) years of design experience in audiovisual design. I also understand that applicants accepted as candidates and those certified as CTS-D 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 No or Yes below:

No Yes

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.

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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 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-D Candidate Handbook and believe that I am in compliance with all admission policies related to the CTS-D examination including the requirement of a minimum of two (2) years of audiovisual design experience. 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-D examination I have applied for, solely for the purposes of CTS-D 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 I should not want to continue to be listed in the online registry, that I should send an e-mail 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 e-mail 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 VII: Examination Fees and Payment Method

Americas:

\$400 USD InfoComm Member
\$500 USD Non-member (plus any applicable taxes)

Other Locations:

\$420 USD InfoComm Member
\$520 USD Non-member (plus any applicable taxes).

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

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 payment, 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

Wire transfer #: _____

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

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

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