

# CTS-I Candidate Handbook

Certified Technology Specialist-Installation



## Exam Application Certified Technology Specialist – Installation (CTS-I)

### 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:

- a) Hold current certification as a general CTS
- b) Be at least 18 years old or legally of age to work in the locality in which employed
- c) Be in good standing with the Certification Committee (refer to Glossary of terms -Page 7)
- d) Have a minimum of two years of audiovisual experience in the areas within Appendix A
- e) 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.

Candidates for the CTS-I examination administered by the InfoComm independent Certification Committee must complete all sections of this application in full and submit the application with the required examination fee.

The application must be MAILED, FAXED, or EMAILED 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  
+1.703.691.2756 Fax

[certification@infocomm.org](mailto:certification@infocomm.org)  
[www.infocomm.org](http://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-I examination. Application must be 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](http://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.

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](http://www.infocomm.org). Date of this version is 01/01/2010.

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## Section II: Applicant Information

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email (please print) \_\_\_\_\_

## 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. CTS-I requirement is a minimum of two years of AV experience

**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 \_\_\_\_\_

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Supervisor Name \_\_\_\_\_ Supervisor Title \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Your Title \_\_\_\_\_  
Employer Phone \_\_\_\_\_ Employer Email \_\_\_\_\_

**Employer (3)** \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Supervisor Title \_\_\_\_\_

Employment Dates \_\_\_\_\_ Your Title \_\_\_\_\_

Employer Phone \_\_\_\_\_ Employer Email \_\_\_\_\_

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## 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/cts](http://www.infocomm.org/cts)) or copy of course completion for a course recognized in that skill area (see list of recognized courses online at [www.infocomm.org/cts](http://www.infocomm.org/cts)). 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.

**Note:** *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.*

**Note:** *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 from the list at [www.infocomm.org/cts](http://www.infocomm.org/cts) 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 found in the listing at [www.infocomm.org/cts](http://www.infocomm.org/cts) 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.

**Note:** *For courses that are not included in the recognized list in addition to the course completion copy, the applicant must attach course title and learning objectives for the skill area with the application.*

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## ► 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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 \_\_\_\_\_

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## ► 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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 \_\_\_\_\_

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## ► 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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 [www.infocomm.org/cts](http://www.infocomm.org/cts)):

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- CTS-I in Good Standing**

Print Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

- Recognized training course** (from listing at [www.infocomm.org/cts](http://www.infocomm.org/cts))

*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 \_\_\_\_\_

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## Section VI: 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](http://www.infocomm.org/cts) and mail to the Certification Office a minimum of 45 days prior to your desired testing date.

## Section VII: Agreement and Signature

By checking the box and by typing 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 personally signing either in person or electronically if by other than mailed application, and that I also 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](mailto: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.

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- 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 which InfoComm believes may be of importance to me. If I should wish to be taken off the certification mailing list in the future, I will send an email request stating such to [certification@infocomm.org](mailto:certification@infocomm.org), or fax/mail the request to the Certification Office.

I have read, understand, and agree to the terms 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 VIII: Examination Fees and Payment Method

CTS-I: (U.S. and Canada) - InfoComm Member \$390 USD; Non-member \$490 USD (plus any applicable taxes), (Other than U.S. and Canada) InfoComm Member \$390 USD; Non-member \$490 USD (plus any applicable taxes).

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 per the fee chart in the application.

I authorize InfoComm International to charge my credit card for \$ \_\_\_\_\_

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 \_\_\_\_\_

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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 Documentation of Disability Related Needs Form so your request can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

#### Applicant Information

Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email (please print) \_\_\_\_\_

### **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
- Special seating
- Reader
- Extended testing time (time and a half)
- Separate testing area
- 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.

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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

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 \_\_\_\_\_

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Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

License # (if applicable) \_\_\_\_\_

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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  
1.800.659.7469 or +1.703.273.7200  
+1.703.691.2756 Fax  
[certification@infocomm.org](mailto:certification@infocomm.org)  
[www.infocomm.org](http://www.infocomm.org)

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## Appendix E: Code of Ethics and Conduct

### ***Certified Technology Specialist Code of Ethics and Conduct***

- ▶ As a Certified Technology Specialist, I understand that my personal standards of honor and integrity must, at all times, be above reproach and I must conduct myself in a manner that reflects favorably on my profession. By doing so, I will strive to create an ethical climate within my organization, my industry and the community of clients which I serve, building honesty and trustworthiness in all of my relationships and ensuring my reliability in performing my assigned responsibilities.
- ▶ As a Certified Technology Specialist, I pledge to be truthful and accurate in what I say, do and write. I will exhibit constructiveness and cooperation in all of my working relationships, ensuring adherence to the law at all times. I will efficiently use resources and will not reveal facts, data or information obtained in connection with services rendered without the prior consent of the client or employer - except as authorized or required by law.
- ▶ As a Certified Technology Specialist, I will demonstrate a commitment to excellence in all aspects of my profession and will consistently promote and encourage the highest level of ethics within the industry.
- ▶ As a Certified Technology Specialist, I will avoid compromise of professional judgment by conflicts of interest.
- ▶ As a Certified Technology Specialist, I will act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin or disability.
- ▶ As a Certified Technology Specialist, I will undertake only those assignments for which I am competent by way of education, training and experience. I will not misrepresent or permit misrepresentation of my own or associates' academic or professional qualifications nor exaggerate my degree of responsibility for any work. Furthermore, I will admit and accept my own errors when proven wrong, refraining from distorting or altering the facts in an attempt to justify my decisions.
- ▶ As a Certified Technology Specialist, I will use every opportunity to improve public understanding of the role of the communications industry. I will also have due regard for the physical environment and for public safety, health and well-being. If my judgment is overruled under circumstances where the safety, health, property or welfare of the public may be endangered, I will notify my employer, client and/or such other authority as may be appropriate.
- ▶ As a Certified Technology Specialist, I will always strive to maintain proficiency by updating technical knowledge and skills.
- ▶ As a Certified Technology Specialist, I understand that the certificate, logo and marks are the property of InfoComm. I agree to return the certificate upon request to the Certification Committee.
- ▶ As a Certified Technology Specialist, I will uphold and follow all policies and procedures required by the Certification Committee to remain in good standing, and abide by the Code of Ethics and Conduct.

***Failure to abide by the Code of Ethics and Conduct shall constitute grounds for denial or revocation of my certification.***

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