Appendix D: Renewal Application

Name_____Date_____

Company _____

Address _____

City/State/Country _____

Email _____

Phone_____Fax_____

I am renewing my:

☐ General CTS
☐ General CTS & CTS-I
☐ General CTS & CTS-D
☐ CTS-D & CTS-I

Instructions:
Complete all sections of this form. An incomplete application may delay your renewal. Please be sure to check your application. Have you:

- ☐ Downloaded the most recent application from www.AVIXA.org/renewal?
- ☐ Printed neatly so your application is legible?
- ☐ Included copies of required documents?
- ☐ Signed the application?
- ☐ Provided current contact information?
- ☐ Included payment?

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Ways to earn Renewal Units:

AVIXA Certification Renewal Unit (RU) Options Chart*		
Activity	**RUs Available**	**Maximum RUs Allowed**
Approved Non-Manufacturer Onsite or Online Course, Webinars	1 RU per 1 hour of contact time	30 RUs No limit (Only once per 24 months for the same course)
Approved Manufacturer Onsite or Online Course	1 RU per 2 hours of contact time	30 RUs No limit (Only once per 24 months for the same course)
Approved Book and Evaluation Tool	2 RUs per book and completion of evaluation	6 RUs per 12 months (Maximum of 3 books per 12 months)
Writing an approved Industry Related and Published Article or White Paper	2 RUs per published article or white paper	6 RUs per 12 months (Maximum of 3 articles or white papers per 12 months)
Industry Related College Course of 3-4 Credit Hours	10 RUs per course	30 RUs No limit (Only once per 12 months for same course)
Teaching an RU Approved Course	1 RU per course hour and 1 RU for preparation per every 2 course hours	30 RUs No limit (Only once per 6 months for same course)
AVIXA Volunteer	3 RUs (per 12 months) for each active volunteer capacity served	3 RUs (per 12 months) for each active volunteer capacity served
30 RUs required in a 3-year period.		
RUs are offered in half (.5) units, based on 30 minutes of contact time rounded to the nearest 30 minutes. For example, 35 minutes = .5 RUs; 45 minutes = 1 RU; and 1 hour and 40 minutes = 1.5 RUs.		

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Renewal Units submitted on the Renewal Application must be within the category guidelines listed above. For a complete list of RU providers and RU approved coursesplease see our online RU Provider list.

I am renewing by successfully completing approved (please check all that apply):

☐ **AVIXA onsite or online courses**

- A transcript of AVIXA registered courses taken by individuals may be found at www.AVIXA.org/renewal
- ***Documentation***: Attach a copy of your AVIXA Transcript

☐ **Non-manufacturer onsite or online courses**

- ***Documentation***: Attach the certificate awarded

☐ **Manufacturer onsite and/or online courses**

- ***Documentation***: Attach the certificate awarded

☐ **College level courses of 3-4 semester hours that are related to the CTS certification level(s) I hold.**

- Courses must be obtained from an accredited institution and courses must relate specifically to the work of the appropriate CTS certified technician level being renewedand must directly enhance the knowledge or skill level of the certificant for the certification being renewed.
- ***Documentation***: Official transcript must be provided

☐ **Teaching for AVIXA or other programs approved for renewal units by the AVIXA Certification Committee.**

- ***Documentation***: Copy of course program indicating instructor, hours, date, etc.

☐ **Serving as a volunteer in some capacity that contributes to further development of the AVIXA C ertification Committee certification program**

- Examples include active participation as a subject matter expert, serving on a certificationrelated committee, industry standards committee, AVIXA Board or committee, or similar activities previously submitted to and recognized by the Renewal Committee for consideration of renewal units. Certificants who submit RUs under this category are subject to verification of active participation through AVIXA records.
- You must document your participation and identify the areas in which you have made asignificant contribution to the certification program.

☐ **Writing an article or white paper related to an area that is addressed in one of the CTS Exam Content Outlines and is published in an AV trade media or industry related technical book.**

- Must be Submitted prior to renewal for approval by the Certification Committee
- ***Documentation***: Copy of the published article or white paper

☐ **Reading a previously approved industry related book with successful completion of an evaluation tool.**

- ***Documentation***: Copy of certificate or successful evaluation results.

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I am applying for renewal of my:

☐ **CTS**: 30 RUs from any combination of CTS, CTS-D, or CTS-I approved RUs

☐ **CTS-D**: 30 RUs total with a minimum of 15 RUs approved for the CTS-D level, with the remainder from any combination of CTS, CTS-D, or CTS-I approved RUs

☐ **CTS-I**: 30 RUs total with a minimum of 15 RUs approved for the CTS-I level, with the remainder from any combination of CTS, CTS-D, or CTS-I approved RUs

☐ **CTS-D & CTS-I**: 30 RUs total using 15 RUs approved for each certification level.

Please list your activities in the table below:

Activity Type	Activity Name	Date	RUs	Apply to CTS, CTS-D or CTS-I?

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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. I must conduct myself in a manner that reflects favorably on my profession. I will strive to create an ethical climate within my organization, my industry, and the community of clients which I serve. I will strive to build honesty and trustworthiness in all my relationships, 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.

► As a Certified Technology Specialist, I will adhere to the law at all times. I will not reveal facts, data, or information obtained in connection with services rendered without the prior consent of the client or employer except as required by law.

►As a Certified Technology Specialist, I will actively encourage and promote the highest level of ethics within the industry.

► As a Certified Technology Specialist, I will avoid compromise of professional judgment by acknowledging conflicts of interest.

► As a Certified Technology Specialist, I will act in a manner free of bias with regard to age, gender, sexual orientation, gender identity, race, religion, national origin, disability, marital status, and ethnicity.

► As a Certified Technology Specialist, I will maintain my knowledge and technical proficiency by fulfilling the recertification requirements.

► As a Certified Technology Specialist, I agree to inform AVIXA certification management of any matters that will affect my capability to fulfill my certification requirements.

► As a Certified Technology Specialist, I will undertake only those assignments for which I am capable, by way of education, training, and/or 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 have due regard for the physical environment, as well as 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 understand that the certificate, logo, and marks are the property of AVIXA. I agree to return the certificate to the Certification Committee upon request.

► As a Certified Technology Specialist, I will follow and uphold all policies and procedures required by the Certification Committee in order to remain in good standing; and I will abide by the CTS Code of Ethics and Conduct.

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

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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 renewal applications to verify information provided as part of the application response. I agree to cooperate with such audit and further understand that providing false information for verification of meeting renewal requirements, 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 related sections of the CTS Renewal Handbook and believe myself to be in compliance with all policies related to the CTS renewal requirements. 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 as long as I am certified by the Certification Committee.

- I hereby attest that I, the applicant, am signing, either in person or electronically if by other than mailed application.

- 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 my renewal is successful, I will be listed in the online professional certification directory; however, if in the future if I should not want to continue to be listed in the online directory, that I should send an e-mail 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 AVIXA 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@avixa.org, or fax/mail the request to the certification office.

☐ **I have read, understand, and agree to abide by the CTS Code of Ethics and Conduct.**

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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Payment Information

	USD Member/Non-Member	Euro Member/Non-Member	GBP Member/Non-Member	AUD Member/Non-Member
CTS Renewal	175	170	140	280
CTS and CTS-D Renewal	200	195	160	320
CTS and CTS-I Renewal	200	195	160	320
CTS-D and CTS-I Renewal	275	265	220	440

I am renewing my:

☐ General CTS ☐ General CTS/CTS-I ☐ General CTS/CTS-D ☐ CTS-D & CTS-I

Please indicate payment method:

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

OR

By wire transfer:
Note: 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.

☐ I have sent a wire transfer to AVIXA in the amount of _____ ☐ USD ☐ GBP
Wire transfer #: _____ ☐ Euro ☐ AUD

OR

☐ I have a certification gift card

Gift Card #: _____

OR

☐ I authorize AVIXA to charge my credit card in the amount of _____ ☐ USD ☐ GBP ☐ Euro ☐ AUD

For credit card payments, please complete your renewal online at www.AVIXA.org/renewal unless otherwise instructed by the Certification Department. AVIXA does not accept credit card numbers via email, all credit card transactions must be completed online using our secured payment portal.

Mail, fax, or email this application to the following addresses:
AVIXA, Attn. Certification Office
11951 Freedom Drive, Suite 1050, Reston, VA 20190
1.800.659.7469 or +1.703.273.7200
+1.703.991.8259 Fax
certification@avixa.org
www.AVIXA.org

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