

Testing Center Staff Appointment

Examiner Information		
Last name		
Frist name		
I wish to serve as (check one) <input type="checkbox"/> Chief Examiner <input type="checkbox"/> Test site supervisor		
Center Name		
Center ID number		
Address		
City	State	Zip code
e-mail		
Phone Number ()		Fax ()
Reason for the request		
Outline candidate qualifications and attach appropriate transcripts.		
<input type="checkbox"/>	Holds a Bachelor's degree	
<input type="checkbox"/>	Holds an Associate's degree or Higher	
Has	<input type="checkbox"/>	years' experience in testing teaching or counseling.
<input type="checkbox"/>	Is not involved in the instruction of students preparing for the HiSET	
Observation/Training was completed ___/___/___ at mm dd yyyy		
Testing Examiner's name and signature		
E-Learning unit was completed on ___/___/___ mm dd yyyy		
State HiSET Administrator Approval		
_____	_____	_____
Signature of State Administrator	mm	dd / yyyy