

HiSET Testing Center Staff Appointment Form Montana

High School Equivalency (HSE) Examiner Information		
Last name		
First name		
Applicant wishes to serve as (check one)		
<input type="checkbox"/> Chief Examiner	<input type="checkbox"/> Test Administrator	
Center Name (if established)		
Center ID number (if established)		
Address		
City	State	Zip code
E-mail		
Phone Number	Fax	
Reason for the request		
Prospective examiner qualifications and transcripts were sent to State HSE Administrator on (date) _____		
<input type="checkbox"/> Holds a Bachelor's degree		
<input type="checkbox"/> Holds an Associate's degree or Higher		
Has _____ years' experience in testing, teaching, or counseling.		
<input type="checkbox"/> Is not involved in the instruction of students preparing for the HiSET		
Observation was completed on (date) _____ at HiSET test Center (name) _____		
with Chief Examiner (trainer name) _____		
The HiSET test session observed was: <input type="checkbox"/> CBT <input type="checkbox"/> PBT or <input type="checkbox"/> CBT & PBT combined.		
Prospective examiner signature: _____		Date: _____
Chief Examiner (trainer) signature: _____		Date: _____
State HiSET Administrator Approval		

_____/_____/_____
Signature of State Administrator mm dd yyyy

E-Learning unit was completed on ____/____/_____
 mm dd yyyy