



HSE Testing Center Staff Appointment Form

Applicant first name:	Applicant last name:
Test center name:	Test Center ID number (if applicable):
Test center physical address:	City:
State:	Zip code:
Email address:	Phone number:
Professional title and duties:	
Reason for the request:	
Applicant wishes to serve as (check one): Chief Examiner Test Administrator	
HSE Test Vendor: HiSET GED Both HiSET and GED	

Qualifications and Background (mark checkboxes and complete information)

	Applicant qualifications and transcripts were sent to State HSE Administrator	Date sent:
	Holds a bachelor's degree	
	Holds an associate's degree	
	Has standardized test administration experience	Years of experience:
	Is not involved in the academic instruction of students preparing for HSE exams	



HiSET Training (mark checkboxes and complete information)

	HiSET eLearning completed and certificates sent to State HSE Administrator (date):
	HiSET Program Manual and Montana HSE Policy review completed (date):
	Observation of full HiSET testing day completed (date):
	Observation was completed at HiSET Test Center (name):
	HiSET test sessions observed: CBT PBT Both CBT & PBT
	Applicant signature: _____ Date: _____
	Chief Examiner (trainer) signature: _____ Date: _____

GED Training (mark checkboxes and complete information)

	GED Training completed and notification sent to State HSE Administrator (date):
	GED Program Policy Manual and Montana HSE Policy review completed (date):
	Observation of full GED testing day completed (date):
	Observation was completed at GED Test Center (name):
	Applicant signature: _____ Date: _____
	Chief Examiner (trainer) signature: _____ Date: _____

State HSE Administrator Approval

State HSE Administrator Signature: _____	Date: _____
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