

Montana ETS HiSET Test Center & Staff Approval flow

Action	Complete	Date
STATE schedules site approval (completes CMF (<i>Center Master Form</i>) & examiner transcript/previous testing experience approval)		
STATE sends HiSET Test Center Staff Change form and Testing Staff Appointment form for examiner to schedule observation; examiner completes observations and submits staff approval form		
CHIEF EXAMINER completes site observations and submits staff approval form to STATE		
STATE notifies ETS: examiner has final approval, site is approved, and submits CMF (<i>Center Master Form</i>) with request for eLearning modules to be sent to CHIEF EXAMINER and all Test Administrators for the approved test center.		
Site Receives MOU (<i>Memorandum of Understanding</i>) from ETS Test Administration Services and/or ETS Client Director, send to Chief Examiner.		
CHIEF EXAMINER reviews and signs MOU (<i>Memorandum of Understanding</i>) and send to STATE		
Receive STATE approval on MOU (<i>Memorandum of Understanding</i>) STATE Administrator signs and sends to ETS		
Chief Examiner notifies state of completed eLearning and receive HiSET credentials (sent to examiner), State verifies passage with ETS		
CHIEF EXAMINER receives STATE Policy, and HiSET Welcome letter from ETS		
STATE adds examiner to HiSET distribution list and Add Test center # to Montana Data Base. Suggest examiner sign up for HiSET News Blast. Send Welcome Letter including HiSET Policy and HiSET Testing Manual.		

Test Examiner Approval Flow

Action	Complete	Date
STATE receives written request for change in staff that includes a transcript/previous testing experience (see MT HiSET Policy)		
STATE determines adequate academic attainment and sends HiSET Test Center Staff Change form and Testing Center Staff Appointment form for examiner to schedule observation.		
CHIEF EXAMINER completes site observations and submits completed staff approval form to STATE.		
STATE notifies ETS: requests eLearning modules (CBT/PBT or both), provides ETS with examiner’s email address.		
Applicant notifies the state that the eLearning modules were successfully completed. State verifies with ETS.		
ETS and the STATE welcome the new examiner (welcome letter)		
STATE puts examiner on mailing lists, sends the policy packet and relevant items on security and updates. Suggest that individual signs up for HiSET monthly newsletter		

Testing Center Staff Appointment

Examiner Information		
Last name		
Frist name		
Applicant wishes 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	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		
Chief Examiner's name:		
Chief Examiner's signature: _____		
State HiSET Administrator Approval		

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

E-Learning unit was completed on ___/___/___
 mm dd yyyy

Testing Center Staff Change

Fax to: 609-771-7710

InformationDate: / /
mm dd yyyyHiSET Use Only - Date Received: / /
mm dd yyyyI recommend that Mrs. Ms. Mr. Dr.

Last Name: _____

First Name: _____

Be authorized to serve as (check one): Chief Examiner Supervisorat the following Testing Center-
Center ID Number(s): _____

Center Name: _____

Address: _____

City: _____

State/Province/Territory: _____

Zip/Postal Code: _____

Email: _____

Phone Number: () - FAX Number: () -

Reason for Request

- The candidate is replacing: _____
- The candidate is an addition to current staff.

The test center hours and/or dates will need to be modified when this staffing change is effective.

- Yes
- No

The candidate meets or exceeds the qualifications necessary to perform the duties and meets jurisdictional requirements.

- Yes
- No

 Training of the new staff member has been completed. Training Date: / /
mm dd yyyy

Name of Trainer: _____ Title: _____

 Training of the new staff member has been scheduled. Scheduled Training Date: / /
mm dd yyyy

Name of Trainer: _____ Title: _____

HiSET Administrator_____
Signature of State HiSET Administrator_____
Jurisdiction