☐ Check this box if you are resubmitting this staff appointment request.

L-10 Testing Center Staff Appointment

Dedicated FAX number for this form: (202) 464-4853

GED Testing Service
of The American Council on Education
One Dupont Circle, NW, Suite 250
Washington, DC 20036-1163
(202) 939-9490

Examiner Information

Date: __ / __ / ____ (mm / dd / yyyy) GEDTS Use Only - Date Received: __ / __ / ____ (mm / dd / yyyy)

I recommend that ☐ Mrs. ☐ Ms. ☐ Mr. ☐ Dr.

Last Name: First Name:

be authorized to serve as (check one): ☐ Chief Examiner / TCO ☐ Examiner / ALTCO

at the following Official GED Testing Center:

Center ID Number:

Center Name:

Address:

City: State/Province/Territory: ZIP/Postal Code:

E-mail:

Phone: ( ) - - Fax: ( ) - -

Reason for Request

☐ The candidate is replacing: _____

☐ The candidate is an addition to the current staff

The candidate meets or exceed the qualifications necessary to perform the duties as outlined in the GED Examiner's Manual.

☐ Holds Bachelor's degree OR

☐ if Examiner holds Associate's degree or higher, must have three years experience in testing, teaching, training or counseling

☐ is not involved in instruction or preparation for the GED Tests.

☐ In-service training of the new staff member has been completed. Training Date: __ / __ / ____ (mm / dd / yyyy)

Name of Trainer: _____ Title: _____

☐ In-service training of the new staff member has been scheduled. Scheduled Training Date: __ / __ / ____ (mm / dd / yyyy)

Name of Trainer: _____ Title: _____

GED Administrator

This appointment has been approved by this office.

_____ _____

Signature of GED Administrator Jurisdiction