

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 2005 GED Examiner's Manual and meets jurisdictional requirements.

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 and he/she has signed the Test Security Memo. The original is held on file in my office.

\_\_\_\_\_  
Signature of GED Administrator

\_\_\_\_\_  
Jurisdiction