

Training Verification for New Chief Examiner or Examiner

GED[®] Testing Center: _____

GED[®] Testing Center ID Number: _____

New Chief Examiner's/Examiner's Name: _____

Date on which forms were submitted to Iowa's GED[®] Administrator (i.e., L-10 Form, Resume, and Training Verification): _____

Date *Test Security Memorandum (TSM)* was printed/signed and verification was entered in the GEDTS[®] *AccessPoint* portal by the Chief Examiner: _____

Training Steps and Verifications:

1. On-site training by current Chief Examiner/Examiner OR completion of the GEDTS[®] On-Demand Online Examiner Training.

Trainer's Signature (if applicable): _____

Check Here if Completed Online: _____ Training Date(s): _____

New Examiner's Signature: _____ Date completed: _____

2. Observation of one, full GED[®] test administration (complete battery) at the new Examiner's home testing center site.

Dates completed: _____

Trainer's Signature Verifying Completion of Observation: _____

New Examiner's Signature: _____

3. Observation of at least one GED[®] sub-test administration at another testing center.

Date completed: _____

Trainer's Signature Verifying Completion of Observation: _____

New Examiner's Signature: _____

4. Completion of a first solo test administration (complete battery) observed by the testing site's Chief Examiner, experienced Examiner, an experienced Chief Examiner/Examiner from another Iowa GED[®] Testing Center, or by the GED[®] State Administrator.

Dates completed: _____

Trainer's Signature Verifying Completion of Observation: _____

New Examiner's Signature: _____