



51424

Check this box if you are resubmitting this staff appointment request

# L-10 Testing Center Staff Appointment

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

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

## 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: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: (     ) -     -     -     -     -

FAX Number: (     ) -     -     -     -     -

## Reason for Request

The candidate is replacing: \_\_\_\_\_

The candidate is an addition to current staff

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

Holds Bachelor's degree OR

if Examiner holds Associates'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