

L-10 TESTING CENTER STAFF APPOINTMENT

State GED Office
Department of Public Instruction
600 E Boulevard Avenue
Bismarck, ND 58505-0440
701-328-2393 FAX: 701-328-4770

EXAMINER INFORMATION:

Date: _____

I recommend that: _____

Last Name: _____

First Name: _____

be authorized to serve as (check one): Chief Examiner Alternate Examiner
at the following Official GED Testing Center:

Center ID Number: 30003

Center Name: _____

Address: _____

City: _____

State: _____ Zip: _____ - _____

E-mail of person recommended: _____

Phone: (701) _____ - _____

Fax: (701) _____ - _____

REASON FOR REQUEST:

The candidate is replacing: _____

The candidate is an addition to the 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 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: _____

Name of Trainer: _____

Title: _____

In-service training of the new staff member has been scheduled. Scheduled Date: _____

Name of Trainer: _____

Title: _____

RECOMMENDED BY:

Chief Examiner Name: _____

Head of Organization Name: _____