HiSET
Attn: Test Administration Services
MS 34 Q Attention HiSET Admin
PO Box 6666
Princeton, NJ 08541
800-257-5123

Testing Center Staff Change

Fax to: 609-771-7710

Information

Date: ___/___/_____ (mm/dd/yyyy) HiSET 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 ☐ Supervisor

at the following Testing Center-

Center ID Number(s):

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 test center hours and/or dates will need to be modified when this staffing change is effective.

☐ Yes

☐ No

The candidate meets or exceeds the qualifications necessary to perform the duties and meets jurisdictional requirements.

☐ Yes

☐ No

☐ Training of the new staff member has been completed. Training Date: ___/___/_____ (mm/dd/yyyy)

Name of Trainer: _____ Title: _____

☐ Training of the new staff member has been scheduled. Scheduled Training Date: ___/___/_____ (mm/dd/yyyy)

Name of Trainer: _____ Title: _____

HiSET 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 HiSET Administrator Jurisdiction