

**GED TESTING
TEST CENTER LOCATION REQUEST**

Official Test Center Name: _____ County/College: _____

GEDTS Center #: 3000120

Please fill in the current information relevant to the Official Test Center. If the Official Test Center is being relocated, please fill in the relocation information.

Current Address: _____ Relocation Address: _____

Bldg./Room #: _____ Bldg./Room #: _____

Contact Name: _____ Occupancy Date: _____

Contact E-Mail: _____

Contact Phone: _____ Contact FAX #: _____ This is a permanent relocation of the official testing site.

_____ This is a temporary relocation of the official testing site.

ADDENDUM SITE: New Relocation (Please indicate if the inspection is to establish a new addendum site or to relocate an existing one. If this is a new site, please use the section marked "current." If relocating an existing site, please fill in both sections.)

New/Current Address: _____ Relocation Address: _____

Bldg./Room # _____ Bldg./Room # _____

Contact Name: _____ Contact Name: _____

Contact E-mail: _____ Contact E-Mail: _____

Contact Phone #: _____ Contact FAX #: _____ Contact Phone #: _____ Contact FAX #: _____

Inspection Date: _____

Yes No

Is there limited access and a lockable storage area for the test material?

Is the testing room well lighted?

Is a clock visible to all candidates?

Is the seating in the testing room adequate in size so that it precludes copying and/or talking?

Is the testing room arranged to provide proctor(s) a clear view of examinees at all times?

Is the testing room adequately heated and cooled?

Are the restrooms conveniently located near the testing room?

Is the testing room accessible for the mobility-impaired?

Room Size: Large (25+) Mid-Size (16-24) Small (1-15) Maximum Number of Examinees Per Test: _____

Overall Rating: Excellent Good Poor

Pictures of Room Attached Blueprint of Room Attached

Comments/Recommendations: _____

We certify that this location meets all criteria established by the GED Testing Service for conducting GED Testing.

Chief Examiner Name Chief Examiner Signature Date

Superintendent/College President Name Superintendent/College President Signature Date

APPROVED:

Teresa Bestor, Florida GED Administrator Date

Revised 3/1/2007

Instructions for Completing Form

1. Official Test Center Name – The name of your test center as it appears on your GEDTS Contract.
2. County/College – The school district or community college where the official test site is located.
3. GEDTS Center Number – The 12-digit test center number assigned by GEDTS
4. Current Information – This section reflects the information for the CURRENT location of the official test center.
5. Relocation Address – USE ONLY IF THE OFFICIAL TEST CENTER IS MOVING TO A DIFFERENT SITE.
6. Addendum Site – Check “New” if this is a new addendum site where testing has never occurred. Check “Relocation” if you are moving an existing addendum site to a different location.
7. New/Current Addendum Information – Indicate address, building/room, and contact information for new or current addendum site.
8. Relocation Address – Indicate where the addendum site will be moved. Both New/Current and Relocation sections should be completed when an existing addendum is moving to a new site.
9. Inspection Date – Date the inspection is conducted.
10. Room Requirement Checklist – To be used to indicate that the room adequately meets the requirements outlined by GEDTS to be used as a testing room.
11. Room Size – Indicate how many candidates may test at this site.
12. Overall Rating – Indicate the overall acceptability of the room.
13. Pictures Attached – We must have pictures of the room where testing will occur. These can be printed on plain paper.
14. Blueprint of Room – We must have a scale drawing of the room where testing will occur. This may be copied from the map of your school.
15. Comments/Recommendations – Use for any additional comments or special instructions.
16. Chief Examiner Certification - Type or print the name of the person conducting the site inspection. Signature is required.
17. Superintendent/Community College President Certification – Type or print the name of the Chief Jurisdictional Officer. The Chief Jurisdictional Officer signature is required before the request can be approved.
18. GED Administrator Approval – You must receive a signed copy of this form before you begin using the room for GED Testing.