

TRAINING VERIFICATION OF
NEW CHIEF EXAMINER & EXAMINER

Name of Testing Center _____

Testing Centers ID Number _____

New Examiners name _____

Date L-10 (Test Center Staff Appointment Form) was
submitted to the state _____

Date of signed Test Security Memorandum _____

Welcome letter from GEDTS was received on _____

Training Verification

1. On-site orientation by current chief examiner/examiner

Date completed _____

Examiners signature _____

New examiners signature _____

2. Observation of one full test administration (complete battery) at the examiners home site.

Date completed _____

Examiners signature _____

New examiners signature _____

3. Observation of one full day of testing at an approved GED testing center (testing site must be approved by the GED state administrator).

Date completed _____

Examiners signature _____

New examiners signature _____

4. One-on-One training with the GED state administrator.
(Chief Examiner Only)

Date completed _____

New examiners signature _____

State administrators signature _____