**Illinois Community College Board**

**Illinois High School Equivalency State Administrator’s Office**

**401 E. Capitol Avenue**

**Springfield, Illinois 62701**

**(312) 814-4488**

**(312) 814-8993Fax**

**Email:** **hse@illinois.gov**

# REQUEST TO ADMINISTER THE GED® TESTS IN ILLINOIS

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| Requesting Agency Information |
| **Name of Requesting Agency:** |       |
| **Street Address:** |       |
| **City:** |       | **State:** |       | **ZIP:** |       |
| **Chief Administrative Officer Name:** |       |
| **Chief Administrative Officer Title:** |       |
| **Chief Administrative Officer Phone Number:** |       |
| **Chief Administrative Officer Email Address:** |       |
| **Agency Website URL:** |       |
| **Please provide a brief description of your organization and the potential testing site/location:** |
|       |
| **Why does your organization wish to administer the GED® exam?**  |
|       |
| **Why do you believe your organization is suited to administer the GED® exam?** |
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| **Are you applying to be a private or public (i.e., accepting walk-in candidates) testing site? If private, please** **provide a justification demonstrating the need for a closed location. *Please note, testing sites are often approved based on location and target demographics they can serve.*** |
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| **Is your organization also applying to offer an additional high school equivalency exam (HiSET®)?** |
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| Pearson VUE Testing Center Location Information |
| **Are you currently an approved Pearson VUE Testing Site at this location (or do you currently offer the GED® exam at another location)?**  | [ ] **Yes (complete the information below)** | [ ] **No, but we’ve begun the Pearson VUE application process** | [ ] **No, but we will apply to Pearson VUE** (specify when)      |
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| **Name of Pearson VUE Testing Center:** |       |
| **Street Address:**  |       |
| **City:** |       | **State:** |       | **ZIP:** |       |
| **In what COUNTY is the testing center located?**  |       |
| **Pearson VUE Testing Site Number:** |       |
| **Primary Test Administrator Name:** |       |
| **Primary Test Administrator Phone Number:** |       |
| **Primary Test Administrator Email Address:** |       |
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| Additional Requirements |
| **Please attach photographs of your testing center that demonstrate the testing center will meet GED® test** **administration guidelines. Recommended photographs include:*** Floor plan (hand sketched or digital)
* Reception and check-in area
* Test administration area, showing the test administrator’s view of the candidates’ testing space
* Test delivery area showing the PCs that will be used for testing
* Building exterior

**Photographs may be included in this application form, attached as supplemental pages, or included as separate attachments in an email containing your application.**Please note, photographs are also a requirement of the Pearson VUE application for GED® testing. It is **strongly recommended** to review the photographs that will be required of you by Pearson VUE here:<https://home.pearsonvue.com/Documents/Test-center/pearsonvue_photo_checklist.aspx>  |
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| Additional Information |
| **Test centers approved through the ICCB’s GED® application process will be required to complete the Pearson VUE application.** All GED® testing centers must meet the technical and facility requirements of Pearson VUE.Additional documentation, onboarding, and training will be required by Pearson VUE prior to launch. **ICCB approval of this application is *required* for Pearson VUE approval but does not *guarantee* Pearson VUE approval.**Information on the Pearson VUE application process is available here (**complete after this application**):[**https://ged.com/educators\_admins/test\_admin/become\_a\_center/**](https://ged.com/educators_admins/test_admin/become_a_center/) |

**Send completed form to** **hse@illinois.gov** **(*preferred*) or fax to 312-814-8993.**