**Illinois Community College Board**

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

**401 E. Capitol Avenue**

**Springfield, Illinois 62701**

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# 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:** | | | | | | | | | | |
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| **Why does your organization wish to administer the GED® exam?** | | | | | | | | | | |
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| **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**](mailto:hse@illinois.gov) **(*preferred*) or fax to 312-814-8993.**