The University of the State of New York

THE STATE EDUCATION DEPARTMENT
High School Equivalency (HSE) Office
89 Washington Avenue, EBA 460, Albany, NY 12234
518-474-5906
hsetc@nysed.gov

STAFF APPOINTMENT FORM FOR TEST CENTER STAFF ADMINISTERING THE NYS HSE EXAM

COMPLETE APPLICATION AS DIRECTED AND EMAIL TO THE ADDRESS ABOVE

Are you applying to become a new test center?		YES NO		
If NYSED approved Test Center, 3-Digit Code: Test Center Name:				
Street Address:		State: NY Zip:	State: NY Zip:	
City:		Phone Number: (include area code)		
Applicant Information				
For What Position Are You Seeking Approval? Coordinator: Examiner:				
Will This Examiner Administer Exams at Addendum 3-Digit Codes (If Applicable):				
Addendum Sites? YES NO				
Last Name:	First Name:		Middle Initial:	
Street Address:	Apt.	City:	Zip:	
Email:			Gender: M F	
Administrative Information				
		Current or Proposed (If New) Test Center Coordinator Email:		
		Email of Administrator Recommending New Applicant (If Different than Above):		
Signature of Recommending Administrator:		Date / / / mm dd yyyy		

Note: This appointment form must be accompanied by the resume of the person seeking NYSED approval. A four-year degree is required for the Coordinator position, and a bachelor's or associate's degree for Examiners.