**Illinois Community College Board**

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

**401 E. Capitol Avenue**

**Springfield, Illinois 62701**

**(217) 558-5668**

**(217) 558-6700 Fax**

**Email:** [**hse@illinois.gov**](mailto:hse@illinois.gov)

# REQUEST TO ADMINISTER THE HiSET® 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 HiSET® exam?** | | | | | | | | | | |
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| **Why do you believe your organization is suited to administer the HiSET® 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 (GED®)?** | | | | | | | | | | |
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| ETS Testing Center Location Information | | | | | | | | | | | | | |
| **Are you currently an approved ETS Testing Site at this**  **location (or do you currently offer the HiSET® exam at**  **another location)?** | | | | | | | | **Yes**  **(complete the**  **information below)** | | | **No** | | |
|  | | | | | | | | | | | | | |
| **Name of ETS Testing Center:** | | | |  | | | | | | | | | |
| **Street Address:** | |  | | | | | | | | | | | |
| **City:** |  | | | | | | | | **State:** |  | | **ZIP:** |  |
| **In what COUNTY is the testing center located?** | | | | | | |  | | | | | | |
| **ETS 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 HiSET® 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.** |
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| Additional Information |
| All HiSET® testing centers must meet the technical and facility requirements listed in the HiSET® Program Manual.Applicants are **strongly encouraged** to review the HiSET® program manual before completing an application:  <https://hiset.ets.org/s/pdf/program_manual.pdf>  Test centers approved through the ICCB’s HiSET® application process will be required to complete additional documentation, onboarding, and training through Educational Testing Service (ETS) prior to launch. **ICCB approval of this application is *required* for ETS approval but does not *guarantee* ETS approval.** |

**Send completed form to** [**hse@illinois.gov**](mailto:hse@illinois.gov) **(*preferred*) or fax to 217-558-6700.**