Instruction Sheet for Completing the Center Master Form (CMF)

Each delivery method requires a separate CMF

1. **Test Center Name –** Please ensure that the name of your center matches EXACTLY on all forms.
2. **Reporting Address -** Examinees will report to this address for the test. If the address is incorrect or missing, print the correct address. Please make sure you enter the complete street address (include building name, room, and floor number if appropriate).
3. **Phone number as it appears on Test Center Website –** The Test Center's contact phone number that will appear on the Test Center's Website for examinees.
4. **Test Center's Web Address** – This Internet web address will enable examinees to access information about your test site and the reporting location for the test.
5. **Chief Examiner's Name and Home Address** - Please list your home address for our records.
6. **Chief Examiner's Contact Phone Numbers -** Please list or update your work, home and cell telephone numbers.
7. **Chief Examiner's Fax Number and Email Address -** If you have access to a fax machine please supply or update as appropriate. If you have an Internet mailing address, please supply it in this area also.
8. **Test Administrator's Contact Information-** Print the name, e-mail address and phone numbers of the person who will assume responsibility as test center supervisor. Please do not list your spouse or other family member as your alternate contact.
9. **Is your Test Center a Main Site or Addendum Site? -** Choose only one site type.
10. **Test Center Main Site Name** - If your test center is an addendum site, please list your center's main site name.
11. **Shipping Address -** Test materials will be shipped to this address. If the area is blank, the shipping address in our files is the same as the reporting address.
12. **Test Center's Technical Support Contact Information –** Print the name, home and cell telephone numbers of the technical support contact at your center.
13. **Is your property, including all it's buildings, test rooms and rest rooms, wheelchair accessible? -** Check Yes if they are and No if they are not.
14. **Can we add the ability for test takers to self-register for accommodations such as zoom text, color modification, extended time and additional breaks?** Check Yes if they may self-register and No if they may not.
15. **Do you have a secure location to store testing materials?** – The HiSET program may supply you with paper testing materials to be retained at your testing site. Paper testing material must only be accessible by the center's Administrator of record and kept secure within locked cabinet.
16. **How many computer delivered seats can you provide?** – Please provide the maximum seating capacity of your test center.
17. **Chief Examiner's Acceptance Statement** - Please read the statement carefully. Sign, date and enter your title in the spaces provided. Your signature constitutes an agreement with ETS to conduct HiSET testing in compliance with the enclosed Test Center Memorandum of Understanding (MOU).

Please complete ALL forms attached to your your welcome email. To avoid processing delays please return all forms at the same time and wherever possible type in your responses. You may return yours forms via one of the following formats (email being preferred):

- **Email:** hisettas@ets.org

- **Fax:** 609-771-7710

- **Mailing Address:**
  Test Administration Services
  MS-34Q Attention: HiSET
  PO Box 6666
  Princeton, NJ 08541

Testing times vary based on the subtest.
Reading (English) = 65 Minutes*
Reading (Spanish) = 80 Minutes*
Writing = 120 Minutes*
Social Studies = 70 Minutes*
Science = 80 Minutes*
Math = 90 Minutes*

*All testing times above are actual testing times and do not include the reading of instructions for each subtest.

CBT/CSS Center Master Form (CMF)

	State	Center Number
Computer Delivered Testing Site Information		

1. Test Center Name:	**9. Choose Only One Site Type:**	Main	Addendum

1. Test Center Name:

2. Reporting Address (address test takers report to for testing):

3. Phone Number (as it appears on test center website):

4.Test Center's Web Address:

5.Test Center's Chief Examiner (name & home address):
Name:
Address:

6.Chief Examiner's Contact Phone Numbers:	
Work #:	Ext.:
Home #:	Cell #:

7.Chief Examiner's Fax Number & Email Address:
Fax #:
Email:

8.Test Center's Test Administrator (name, email & phone numbers):
Name:
Email:
Home #:
Cell #:

9. Choose Only One Site Type: Main | Addendum

10. If Addendum provide Main Test Center Site Name:

11. Shipping Address (if different from reporting address):

12. Test Center's Technical Support (name & contact numbers):	
Name:	
Home #:	Cell #:

13. Wheelchair Accessible (buildings, test rooms, bathrooms):	
Yes	No

14. Self-register for Accommodations (zoom text, color modification, extended time & additional breaks):	
Yes	No

15. Test Center has a Secure Location to Store Testing Material:	
Yes	No

16. Number of Computer Delivered Seats provided at Center:

17. In accepting the designation of Test Center Chief Examiner or Test Administrator, I affirm I have read and agree to abide by the conditions and requirements specified in the Test Center Memorandum of Understanding (MOU):
Name:
Title:
Signature:
Date: