



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, email 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. **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.
15. **How many computer delivered seats can you provide?** – Please provide the maximum seating capacity of your test center.
16. **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:** hissettas@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/TCA Center Master Form (CMF)

Computer Delivered Testing Site Information		State	Center Number
1. Test Center Name:	9. Choose Only One Site Type:	Main	Addendum
2. Reporting Address (address test takers report to for testing):	10. If Addendum provide Main Test Center Site Name:		
3. Phone Number (as it appears on test center website):	11. Shipping Address (if different from reporting address):		
4. Test Center's Web Address:	12. Test Center's Technical Support (name & contact numbers):		
5. Test Center's Chief Examiner (name & home address):	Name:		
Name:	Home #:	Cell #:	
Address:	13. Wheelchair Accessible (buildings, test rooms, bathrooms):		
6. Chief Examiner's Contact Phone Numbers:	Yes	No	
Work #:	Ext.:	14. Test Center has a Secure Location to Store Testing Material:	
Home #:	Cell #:	Yes	No
7. Chief Examiner's Fax Number & Email Address:		15. Number of Computer Delivered Seats provided at Center:	
Fax #:	16. 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):		
Email:	Name:		
8. Test Center's Test Administrator (name, email & phone numbers):	Title:		
Name:	Signature:		
Email:	Date:		
Home #:			
Cell #:			