

HOW TO USE THIS TEST SCHEDULE

This publication contains the 2000 General Educational Development (GED) test schedule for public testing centers in New York City and Long Island. The information includes alphabetical lists of the locations of the testing centers, their addresses, center codes, testing dates, and arrival times for each GED administration.

To apply for the GED Test, candidates must complete the information requested on the **Application** and select a convenient test center and test date. Instructions for completion are included in the application.

**All applications should be submitted directly to the
test center closest to you.**

➡ NO APPLICATIONS SHOULD BE SENT TO ALBANY ←

Completed applications **must** be taken or mailed to the local scheduling address listed at the end of the each test center's schedule.

When registering by mail, please choose two different test dates and mail the application at least eight weeks in advance of the desired test date.

NOTE: Applications received by the High School Equivalency Program Office in Albany for any test center will be forwarded to the appropriate test center. This will significantly delay the scheduling of these applications.

Please use the appropriate test schedules for each geographic region as follows:

- **New York City centers** Use pages 1 through 7 (English version only)
- **Long Island centers** Use pages 8 through 11
- **New York City centers** Use pages 12 through 14 (Spanish and French versions only)

The **Spanish and French language editions** of the Tests of General Educational Development (GED tests) are available with advance notice at each Long Island center. In New York City, the Spanish and French language editions of the GED tests are available at the locations listed on pages 12 through 14.

Veillez tourner la page pour trouver tous renseignements utiles.

Por favor, vea la próxima página para instrucciones en español.

LES EXAMENS "GED" EN FRANÇAIS

Sur demande préalable, il est possible de passer les examens GED (Tests of General Educational Development) en espagnol et en français dans chacun des centres de Long Island et du reste de l'état. Dans la ville de New York, les versions espagnoles et françaises sont offertes aux endroits indiqués "la page 12. Dans la ville de New York, les versions françaises des examens GED sont offertes seulement à Julia Richman High School.

CÓMO UTILIZAR ESTE ITINERARIO DE EXÁMENES

Esta publicación contiene el itinerario de exámenes de Desarrollo Educacional General (General Educational Development/GED) de 2000 para los centros públicos de exámenes en la ciudad de Nueva York y Long Island. La información incluye listas con la localización de los centros donde se administrarán los exámenes, los códigos de los centros, los días en que se ofrecerán y las horas en que se administrarán los exámenes de GED.

Para solicitar el examen de GED, los candidatos deberán completar la información que se pide en el documento titulado **Aplicación e Información para el Diploma de Equivalencia de Escuela Superior y el examen de GED del Estado de Nueva York (Application and Information for the New York State High School Equivalency Diploma and GED Testing)**. Los candidatos también deberán seleccionar un centro de evaluación conveniente y la fecha del examen. El documento contiene instrucciones que le ayudarán a completar su aplicación. En la última página encontrará un mapa del estado de Nueva York que ilustra la localización de los centros de evaluación que quedan fuera de la Ciudad de Nueva York.

Por Favor envíe su solicitud al centro de evaluación más cercano.

➡ No envíe su solicitud a ALBANY ←

Aplicaciones completas deben ser llevadas a mano o enviadas por correo a la dirección del centro local donde usted desea tomar el examen. Esta dirección se encuentra en la lista al final del itinerario de cada centro de exámenes. Por favor incluya un sobre con sello y su dirección postal.

Si envía su aplicación por correo, por favor escoga dos fechas diferentes para el examen. Envíe la aplicación por lo menos ocho semanas antes de la fecha en que desea tomar el examen.

NOTA: Las aplicaciones recibidas por la oficina del Programa de Equivalencia de Escuela Superior en Albany, Nueva York (High School Equivalency Program) para cualquier centro de exámenes que establece su propio registro serán enviadas al centro de evaluación más apropiado. Esto retrasará significativamente el procesamiento de estas aplicaciones.

Por favor use el itinerario de exámenes que corresponda a las siguientes regiones geográficas:

- **Centros de la Ciudad de Nueva York (Exámenes En inglés solamente)** use el itinerario de la página 1 a la 7
- **Centros de Long Island** use el itinerario de la página 8 a la 11
- **Centros de la Ciudad de Nueva York (Exámenes en español y francés solamente)** use el itinerario de la página 12 a la 14

Las versiones en español y francés de los Exámenes de Desarrollo Educacional General (GED tests) estarán disponibles en cada centro fuera de la Ciudad de Nueva York si se solicitan con suficiente anticipación. En la Ciudad de Nueva York, la versión en español de los exámenes de GED estará disponible en los lugares indicados en las páginas 13 a la 14. La versión en francés de los exámenes de GED estará disponibles **sólamante** en la Escuela Superior Julia Richman de la Ciudad de Nueva York, según el itinerario que aparece en la página 12.

WHO IS ELIGIBLE TO TAKE THE GED EXAM?

Specific Age Eligibility Criteria and Required Proof

1. Anyone who, on the day of testing, is **19** years of age or older may be tested when presenting a completed application and a positive photo identification showing their birth date and signature.
2. Students/applicants who are **17** or **18** years old may be tested if one of the following criterion is met on the day of testing *and* the verification is attached to the application:
 - A. The applicant has not attended a regular, full-time high school program for one year or more and the school last attended provides written verification showing the last date of attendance, dismissal or discharge. (Use “*Verification Form*”)

NOTE: Home-schooled students who are 17 years old are included in this category and must attach a letter from the school district of residence indicating that they have been home schooled and have not attended the school district for at least one year.

or

- B. The applicant was a member of a high school **class which has already graduated** and the school verifies in writing, the graduation year of the student when in grade nine. (Use “*Verification Form*”)

or

- C. The applicant is a **resident confined** to a narcotics addiction control center, office of children and family services facilities, prison or correctional facility, or a patient in a hospital in the state of New York; *and* the head of the institution or facility certifies that the applicant is a resident and the high school equivalency diploma is an essential part of the rehabilitation process.

NOTE: For this criterion to apply, testing must take place at the center of confinement, prison or hospital authorized as a GED Testing site. Employees of the institution, out-patients, and other persons not confined to the institution do not meet this criterion.

or

- D. The applicant is an **adjudicated youth** under the direction of a prison, jail, detention center, parole or probation office; *and* the program certifies in writing that the high school equivalency diploma is an essential part of the rehabilitation process;

or

- E. The student is enrolled in an **Approved Alternative High School Equivalency Preparation Program**; *and* the preparation program verifies on official school stationery, with an original signature of the director, the name, and number of the program, that the student has participated and demonstrated readiness to test;

or

- F. The applicant is currently a participant in a **Job Corps** program; *and* Job Corps verifies on official stationery, with the name of the program and signed by the appropriate official, that the applicant has been in the corps for at least six months and demonstrates readiness to test;

or

- G. The student has applied to the **armed services, college or university**; meets all the requirements except for a high school diploma; *and* a letter is provided on official stationery, signed (with an original signature) by a recruiting officer or college admissions counselor stating that the student has met all other admission requirements and will be admitted upon presentation of acceptable GED test scores.

NOTE: *The student may test and will receive a score report (not a diploma). The candidate may request (for a \$4 charge) an official transcript of scores be sent to the college/university or armed services. A New York State High School Equivalency Diploma will be issued only when the candidate becomes fully eligible at age 19 or can provide eligibility verification in 2.A. or B. above.*

3. Students who are **16** years old may test **ONLY IF:**

- A. They meet the criteria in 2.G. above;

or

- B. The student is enrolled in an **Approved Alternative High School Equivalency Preparation Program**, and has reached the age for maximum mandatory attendance in accordance with Section 3205 of the Education Law.

For most school districts, this means that the student must have completed the school year in which he or she turned 16 before being eligible to test. (Some school districts require attendance until 17 years of age.) The school year begins on July 1.

NOTE: *An **Approved Alternative High School Equivalency Preparation Program** is one for students under age 19 operated only by a public school district or the local board of education or BOCES in accordance with Part 100.7 of the Commissioner's Regulations and approved on an annual basis by the State Education Department.*

For GED testing, the **last week of June** is considered the end of the school year for 16-year-old students in **any** program. (**Any 16-year old testing prior to this week will be considered ineligible and the test will not be scored.**)

When additional documentation is required to demonstrate eligibility, the documentation MUST have an original signature (not a copy).

Note: Eligibility for GED testing will be determined based on the information provided on this application, in any letters sent with the application and, for retesters, if it has been two months since you last tested. If any of this information is incorrect, and it is determined that you did not meet eligibility requirements on the date that the test session began, your test will not be scored.

WHAT TO BRING TO THE GED TEST

ON THE DAYS OF THE TEST, YOU MUST BRING:

- your Admission Notice;
- two proofs of identity (one must be a PICTURE identification with your signature--see examples in the box below);
- two No. 2 pencils; and
- a ballpoint pen

What you need to bring to prove who you are:

- One proof of identity must be: driver's license, passport, military identification or nondriver's ID card issued through any NYS Department of Motor Vehicles Office.**
- The second proof can be: library card, credit card, birth certificate, social security card, etc.**

IF YOU ARE NOT ABLE TO PRESENT POSITIVE PROOF OF YOUR IDENTITY, YOU WILL NOT BE ADMITTED TO TAKE THE TESTS.

WHAT NOT TO BRING TO THE GED TEST

DO NOT BRING:

Calculators, arithmetic tables, rulers, cellular telephones, pagers, "walkman", or computers of any kind.

APPLICATION FOR GED TESTING

Important: If any section of this application is incomplete or cannot be read, the application will be returned. Processing will be delayed or suspended.

Candidate Information

PLEASE PRINT CLEARLY IN INK

1. Social Security Number <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>		2. Preparation Program Code <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>		Program Name 	
3. Name (Last Name)		First Name		Middle Initial	
4. Address (Street/P.O. Box)				Apartment Number	
5. City		State		Zip Code	
6. Telephone Number (____) _____ <small>Area Code Number</small>		7. Date of Birth ____/____/____ <small>Month Day Year</small>		8. Age	9. Gender MALE FEMALE <input type="checkbox"/> <input type="checkbox"/>
10. In Which Language Do You Wish To Be Tested? <div style="text-align: center;"> Check One English Spanish French <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>					
11. Have you previously tested for the New York State High School Equivalency Diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "NO" go to item 13.</i>			<input type="checkbox"/> YES If "YES" you must record the information requested below from your most recent <u>Ineligible Notice/Unsatisfactory Score Report</u> . If you do not know the Test Center and/or Date that you took the test(s), give the approximate location and date.		
What name did you use at that examination <input type="checkbox"/> → _____ <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Last Name First Name Middle Name </div>					
IDENTIFICATION NUMBER <i>(at the last exam)</i>		TESTING CENTER <i>(at last test)</i>		DATE OF THE LAST TEST	
FORM(S) OF TESTS TAKEN					

12. Requesting Test Dates and Locations

From the New York State High School Equivalency Program Testing Schedule, select your preferred choice for test center and date for taking the GED Tests. Then, print below test center and test date. Mail your application to the test center where you wish to test. You will hear from them when to appear for testing.

TEST CENTER _____ TEST DATE _____

13. Are you applying for Special Modifications of the procedures for administering the GED tests because of a disabling condition? <input type="checkbox"/> YES <input type="checkbox"/> NO	If "YES" and this office has <u>already authorized</u> special test modifications for you, enclose a copy of the authorization letter with your application.
If "YES" and this office has <u>not already authorized</u> special test arrangements for you, you must enclose with your application a letter specifying what arrangements or modifications are necessary, and documentation to support your need for the special arrangements you are requesting. Please send your application and documentation to the address at the top of this form.	

Eligibility Information

14. Are you 19 years of age or older? ➔ YES NO If "NO" you must attach to this application an appropriate letter identifying which eligibility criteria you meet (see below for list)

Eligibility for persons under the age of 19 only

Please darken **ONLY ONE** eligibility category you meet and attach documentation

- A. One year has passed since you were last enrolled in a full-time high school Program of Instruction, or
- B. You were a member of a high school class that has already graduated, or
- C. You are enrolled in an approved alternative high school equivalency program, or
- D. You have been accepted into the U.S. military, or
- E. You have been accepted into a college, or
- F. You are incarcerated/institutionalized, or
- G. You are a member of the Job Corps.

Permission to Release GED Test Scores

15. YES NO I give my permission to have my test results/scores given to my GED preparation program/test center listed on this application.

CANDIDATE SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____
(If candidate is under 18)

16. I understand that my eligibility for GED testing will be determined based on the information provided on this application and on any enclosed letters. If any of this information is incorrect, and, based on my prior testing record, it is subsequently determined that I did not meet the eligibility requirements on the date that the test session began, I understand that my test will not be scored.

I do hereby certify, subject to the penalty for perjury, that the information given on this form and on any enclosures is true to the best of my knowledge and belief.

CANDIDATE SIGNATURE _____ DATE _____

 **Return Application To The Test Center Of Your Choice** 

Verification Form for New York State GED Test Applicants 17 or 18 Years of Age

General Information

This form is to be used by a GED Test applicant aged 17 or 18 who has not attended a regular full-time high school program for one year or more or whose high school class has already graduated.

To be Completed by Applicant

- * Fill in your name, social security number and date of birth
- * Have an official at the school you last attended complete the section below
- * Attach this original Verification Form to your completed and signed application

Applicant Name: _____
First
Middle Initial
Last

Social Security #: _____ Date of Birth: _____

To be Completed by School Official

- * Fill in your school's information below
- * Check and complete the statement that applies to this candidate
- * Sign, date and provide your title
- * Affix your school's official seal in the space provided

School Name: _____ Phone #: _____

Address: _____
City
State
Zip

By signing below, I am verifying that _____
Month Day Year
 was the last day of attendance, dismissal or discharge of the above-named individual and that he or she has not been a regularly enrolled student since that time.

OR

By signing below, I am verifying that the above-named individual did not complete requirements for graduation with the Class of _____
Year
 (based on his or her ninth-grade enrollment).

 Signature of School Official Date Signed

 Title of School Official

official school seal here. Place