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OFFICE OF CURRICULUM AND INSTRUCTIONAL SUPPORT
GED TESTING
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May 2009

To: GED Chief Examiners
RFP Contract Holders

From: Patricia Mooney

Re: GED Testing Center Reimbursement Form
ROS Reimbursement (Part I)

As you are aware, the GED Testing Office of the New York State Education Department has implemented a new set of guidelines for reimbursement for public GED testing centers outside New York City that were awarded new SED contracts.

Effective December 1, 2008, all public testing centers outside New York City with SED T-Contracts (under \$50,000.00) will apply for reimbursement using new procedures including the form which is attached to this memo.

Effective April 1, 2009, all public testing centers outside of New York City with C-Contracts (over \$50,000.00) must apply for reimbursement under the new system.

Please follow the detailed instructions below to ensure that the GED Testing Center Reimbursement Form is filled out properly and your reimbursement claims may be processed in a timely manner. The GED Testing Center Reimbursement Form must be completely filled out after each testing session and sent to the GED Testing Office with the test candidates completed test materials. Please adhere to the following instructions:

- Fill in all items on the form. Please do not alter the form in any way. Information must be submitted on our form exactly as it appears. If any deviations to this form are found, it will be returned to you for corrections. Please refer to the completed sample form if you need assistance. If something does not apply to your agency or the answer is 0, please fill in -0- as indicated on the sample form.
- **Center #** - Write in the three (3) digit test center code assigned to your testing center.
- **Center Name and Address** – Complete address is necessary.

- **Contract Holder** - Provide the name of the entity which holds the contract (e.g. School District BOCES, etc...)
- **Chief Examiner** - Print the name of the Chief Examiner who administered the GED Test on the date(s) specified.
- **Chief Examiner Signature** - The Chief Examiner must sign on the line provided for signature.
- **Test Date** - Provide the date of testing which is always the first day of testing. A separate reimbursement form must be filled out for each test session. Although a two day test is considered to be one test session, please provide both dates (e.g.12/15-16/2008).
- **Initial Number of Approved Seats** - Write in the total annual number of seats for one year which were approved in the SED contract. Provide total seat figures for English, Spanish and French where appropriate.
- **Current Seat Balance** – If this is the first reimbursement form submitted, then this figure will be identical to **Initial # of Approved Seats**. After each testing session and subsequent submission of reimbursement forms, the **Initial # of Approved Seats** figure will remain the same, but the **Current Seat Balance** and **# of Seats Remaining** figures will decrease.
- Subtract the **# of Seats Used this Test Session** from the **Current Seat Balance** and write that figure under the **# of Seats Remaining**.

Regular Testing Reimbursement

- **Number Tested** - Provide the number of “regular” testers tested in the test session (no modified testing are to be included here). The reimbursement formula of \$20.00 per full tester is used here.
- **Total Regular Testing Reimbursement**- Multiply the number of regular testers by full \$20.00 and enter that number under **Total Regular Testing Reimbursement**.
- **Fewer than 10 Testers in Session** - If a test session has fewer than 10 testers (e.g. county jail), a flat fee rate of \$225.00 applies rather than the \$20.00 per tester formula. Write in the number of testers and write \$225.00 under **Total Regular Testing Reimbursement**.
- Make sure all spaces in English, Spanish and French are completely filled in, even if no English, Spanish or French tests were given.
- Once all items in the **Regular Testing Reimbursement** section have been completed, add up the dollar amounts and write the sum at the bottom of the page in the box labeled **Total Regular Testing Reimbursement (A)**.

GED Testing Center Reimbursement Form (page 2)

Modified Testing Reimbursement

Any testers who receive testing accommodations must be documented in this section of the form. The reimbursement amounts for special testing scenarios have already been calculated. When

completing this section, enter the number of testers in the first column and then write the appropriate modified testing reimbursement in the last column on the right under # **Tested**.

Once all items of the **Modified Testing Reimbursement** section have been filled out, add up all the totals under **Total Modified Testing Reimbursement** and insert the sum in the box to the right of **Total Modified Testing Reimbursement (B)**.

If your testing center is located in the county of Nassau, Suffolk, Westchester, Putnam or Rockland, the Modified Full Tester Fee is \$225.00. If your testing center is other than Nassau, Suffolk, Westchester, Putnam or Rockland County, the Modified Full Tester Fee is \$200.00.

Summary of Testing Reimbursement

- Go to the bottom of page 1 and find **Total Regular Testing Reimbursement (A)**. Take the number written in that box and transfer it to page 2 and enter it in the space **Total Regular Testing Reimbursement (A)**.
- Fill in **Total Modified Testing Reimbursement (B)**.
- Add **Total Regular Testing Reimbursement (A)** and **Total Modified Testing Reimbursement (B)** together to calculate **Total Testing Reimbursement Requested(C)**. Write the sum in the box to the right of (C).
- **Initial Amount Approved** - Look at the four (4) boxes at the bottom of page 2. Write in the amount of funding in the box under **Initial Amount Approved**. This information can be found on the top sheet of the SED contract. Keep in mind that the funding amount on the SED contract is a multi-year figure. The multi-year figure is not necessary for purposes of completing this form. The figure required here is for one (1) year only. (For example, if your contract shows \$30,000.00 for three (3) years, please fill in \$10,000.00 in the box labeled Initial Amount Approved).
- **Current Balance** - If this is the first reimbursement form submitted by your test center then the figure will be identical to **Initial Amount Approved**. If however, you have previously submitted reimbursement forms and have used some of your initial funding, then write your current balance in the space provided under **Current Balance**.

For example, if in your first test session you administered the GED Test on December 18-19, 2008 to 100 Regular Full Testers, your requested reimbursement would be 100 testers x \$20.00 per tester for a total of \$2,000.00. If your **Initial Approved Amount** was \$10,000.00, you would subtract the \$2,000.00 from \$10,000.00 leaving a current balance of \$8,000.00.

When you prepare your second reimbursement form for the tests you administered on December 29-30, 2008 for fifty (50) regular full testers for example, the bottom boxes would be filled out in the following manner:

Initial Amount Approved – This amount would still be \$10,000.00.

Current Balance – Since you used \$2,000.00 from your last test session on December 18-19, 2008, your current balance on this form would be \$8,000.00.

Amount Submitted this Test Session – Since you tested 50 regular full testers on December 29-30, 2008, you are requesting \$1,000.00 (50 testers x \$20.00 per tester) in total reimbursement. You would write in \$1,000.00 under **Amount Submitted this Test Session** box.

Amount Remaining – This figure would be \$8,000.00 - \$1,000.00 = \$7,000.00. You would write \$7,000.00 in the box labeled **Amount Remaining**.

The same process is repeated for each test session; a separate **GED Testing Center Reimbursement Form** must be completed after each test session and submitted with the testers' completed test materials.

It is important that you maintain these cumulative totals since it is the basis for reimbursement. Please make sure to pay careful attention to these numbers as you schedule and administer the GED Tests. If you were to exceed your funding amount it would be problematic in that we would be unable to reimburse you per the restrictions of the SED contract.

In addition to a completed (with original signature) GED Testing Reimbursement Form, you must submit two (2) copies of the GED Attendance Sheet. The Reimbursement Form and Attendance Sheet are downloadable from our website: (www.emsc.nysed.gov/ged) under Chief Examiner Resources. Make sure that the GED Attendance Sheet is filled out for each test session in the following way:

- All items at the top of the GED Attendance Sheet must be completed.
- Testers must be separated into two (2) groups:

1. Regular Full Testers
2. Modified Testers

All groups need to be alphabetized by last name of test candidate. After the list of regular full testers has been provided, skip a few spaces on the GED Attendance Sheet and list the regular partial testers in alphabetical order by last name.

Please note that all modified testers (those receiving approved accommodations for extended time and/or private setting) must always appear on a separate Attendance Sheet – they are not listed on the same Attendance Sheet as regular testers.

If you have any questions or need additional information, please contact Chip Zimmerman at (518) 474-0422 or e-mail him at lzimmerm@mail.nysed.gov.