



Your ticket to a U.S. High School Equivalency Diploma



Authorized Education Partner (AEP) Application Packet

Contents

1. Application
2. Performance assessment matrix

TO DO LIST – ARE YOU READY TO APPLY?

- Have you completed the application form and performance assessment matrix?
- Have you collated documentary evidence for all performance targets?
- Do you know how to contact us?

Application to become an Authorized Education Partner

The GED Authorized Education Partner (AEP) program is for education providers that provide test preparation for the GED® Test.

Please complete this application form and attach your supporting evidence to apply for approval as part of our authorized education partner program. Submit application by email to: international@ged.com

Note:

All supporting materials in relation to an application for Authorized Education Partner are required to be completed in English. GED Testing Service LLC will review your materials submitted in this application and reserves the right to determine whether to move forward with an International GED® Testing Partner Agreement.

PART 1 - INSTITUTION DETAILS

Institution name _____

Address _____

Town/ City _____ County/State _____

Country _____ Postcode _____

Website address (if applicable) _____

Date of establishment of the institution _____

Name of holding company or group, where appropriate _____

Institution legal structure including: _____

- Jurisdiction of organization _____
- Date organized _____
- Entity licenses _____

Business licenses or certificates

Description of business, customers, industry sectors:

Are you currently a Pearson VUE authorized test center (PVTC)

Yes

No

If yes, what is your site ID?

CONTACT DETAILS – MAIN CONTACT

Please provide details for one member of staff who will be our dedicated point of contact within your institution for all communications regarding this application and for the subsequent Agreement.

You should also provide details of any staff members who will be the dedicated point of contact for prospective test-takers to your institution. These contact details will be displayed on our Authorized Education Partner (AEP) directory at www.ged.com

Name

Position

Telephone number (including full country code and area codes)

Email address mandatory (Company domain preferred)

Contact for student enquiries (if different from above)

Name

Position

Telephone number (including full country code and area codes)

Email address (mandatory)

CONTACT DETAILS: EDUCATORS

Please provide updated details for your educators, to ensure that your educators receive any future communication that is distributed by the GED Testing Service LLC. Should you need space for additional educators, please attached their contact details to this form.

Educator 1

Full Name

Telephone number (including full country code and area codes)

Email address (Company domain preferred)

Educator 2

Full Name

Telephone number (including full country code and area codes)

Email address (Company domain preferred)

OWNERSHIP / MANAGEMENT INFORMATION

• Name of the ownership/principals/partners/directors/officers:

• Address of the ownership/principals/partners/directors/officers:

• Nationality of the ownership/principals/partners/directors/officers:

• Identity of any other persons having a direct or indirect ownership interest in the institution's equity, revenue or profits

• Name, address, nationality, ID type/number and title for each officer of the institution.

• Information on any other business affiliations of principals, owners, partners, directors, officers, or key employees who will manage the business relationship.

GOVERNMENT RELATIONSHIPS

- Information on whether any principals, owners, partners, directors, officers, or employees hold any official office or have any duties for any government agency or public international organization:
-

- Information on whether any owners, directors, officers or key employees have an immediate family member who is an employee, contractor or official of the foreign government, or a public international organization:
-

- Information on whether any employee of, or contractor or consultant to, any government entity or public international organization will benefit from the relationship:
-

- Approximate percentage of entity's overall annual sales revenue derived from government sales:
-

BUSINESS CONDUCT

- Information on whether the entity has ever been barred/suspended from doing business with a government entity:
-

- In what country/countries does Company provide services (please specify):
-

- What is the scale of Company's operations:
-

- Will Company be operating to any extent on GED Testing Service's behalf or as a representative of GED Testing Service LLC in connection with a government entity, an entity that is owned or controlled by a government, or a government official?
-

- Is a government entity or government official involved with Company (for example, through ownership, employment, or a consulting relationship)?
-

• How many GED students are predicted to graduate from your school in year

1.

2.

3.

REFERENCES

Three or more unrelated business references, including a bank and existing client:

1.

2.

3.

FACILITIES

Facilities (not applicable to distance learning/e-learning)

What facilities does your institution offer for students, please tick where applicable?

Car parking

Canteen facilities

Library

Computer availability

Disabled access

Lodging

PART 3 – CERTIFICATION / DECLARATION

This declaration must be signed and included with your application.

As the authorized representative of the institution completing this application, I hereby declare that all information provided as part of this application is, to the best of our knowledge, accurate and complete.

I confirm that the institution complies with all local regulatory requirements for test prep providers where such requirements exist.

I understand that it is the institution's responsibility to keep GED Testing Service up to date with any change to both the contact details supplied previously and those contained within this application. This is to ensure that the contact details contained within the Authorized Education Partner (AEP) directory are accurate.

The institution agrees to comply with the rules and terms of the AEP program and accept that GED Testing Service reserves the right to request additional information relating to matters included in this application, both prior to granting approval and during the period of approval. We recognize that GED Testing Service Approval department is solely responsible for all decisions regarding the awarding, renewal and removal of approval.

The institution accepts that GED Testing Service reserves the right to decline approval to institutions that fail to meet the required approval criteria. The institution understands that there is no appeal process and that GEDTS's decision is final.

Anti-Bribery and Corruption compliance: The institution will fully comply with GED Testing Service's Anti-bribery and corruption Policies.

The institution acknowledges and agrees that this Application shall remain in effect for the duration of the resulting Agreement. The resulting Agreement will be for a term of three (3) years commencing from the Agreement's Effective Date and expires on August 31st, 2027, irrespective of the date of execution of this Agreement. Should the institution desire to extend the Agreement, the institution must submit their intention in writing, at least 90 days prior to the termination date together with a Supplemental Application which includes any updates to the information provided in this Application. GED Testing Service reserves the right, in its sole discretion, to extend the Agreement.

This Application is signed by a duly authorized representative of the institution seeking to enter into the GED Testing Service International GED® Testing Program Partner Agreement and this Application will be incorporated into the Agreement by reference.

Signed _____

Name _____

Position _____

On behalf of (institution name) _____

Date _____