



UNLISTED TEST CENTER ESTABLISHMENT FORM FOR THE ACT NATIONAL EXAM

Background: In some circumstances, ACT permits an institution (hereafter the “Unlisted Test Center” or “UTC”) to administer the ACT® exam only to its own students on a National Test Day (i.e. one of the seven Saturday’s per year that ACT® administers the ACT exam). In such cases, students register for the exam through ACT’s National registration system using a test center code unique to the UTC and pay ACT the registration fee. The UTC is responsible for all costs associated with administering the ACT to its students, including without limitation compensation to local testing staff. This establishment form is a contract between ACT, Inc. and the UTC.

STEP-BY-STEP INSTRUCTIONS Please type or print the required information beginning on page 2, make a copy for your institution’s files, and return pages 2-5 via e-mail to TestACT@act.org.

1. **Test Date Schedule:** Place an "X" next to each date your institution would like to administer the ACT at its location.
2. **Institution Type:** Place an "X" in the appropriate box.
3. **Affiliation:** Place an "X" in the appropriate box.
4. **Security Information:** Place an "X" in the YES or NO box for each question listed. For any "NO" answer, identify who will perform that task.
5. **Other Authorized Individuals:** List the names and titles of up to two qualified staff members (other than you) who are authorized to receive, check in, or return test materials.
6. **Secure Storage:** Use this section to describe the secure, locked storage facility where test materials will be kept while in your possession. The first blank refers to the specific piece of storage equipment, and the second to the type of room.

List all other individuals who have access to this storage area, other uses for this area, and the person responsible for the area. This person may be you, your supervisor, or another individual.

It is critical that all test materials be locked in a secure place to which only you (or you and only a few specifically authorized persons) have access. See the example shown at the top of the next column.

7. **Reporting Location:** List the address to which students should report on the day of the test. Provide information about the type of room and facility associated with the reporting location by checking all appropriate boxes. Please provide the number of students your center can seat for ***all options*** - the ACT (no writing), the ACT with writing and extended time in the *Capacity* field. Note extended time students may not test in the same room as standard time.
8. **Test Coordinator Information:** Please fill in the appropriate information. It is required that you provide a home and cell phone number (to be used only by ACT staff and only if critical information must be communicated to you after your normal work hours). Please note, coaching staff are not allowed to act as testing coordinators or substitute coordinators.
9. **Unlisted Test Center Agreement:** Sign and date the form in the space provided on behalf of the UTC.
10. **Substitute Test Coordinator Information:** The UTC’s primary test coordinator may need to appoint a substitute

to handle responsibilities. Because unforeseen circumstances can require such changes, ACT must have information about the UTC's likely substitute on file. Please provide the substitute's information this section of the establishment form. It is critical that the substitute be experienced in standardized testing. Coaching staff is not allowed to act as testing coordinators.

11. Limitation of Liability and Indemnification. ACT'S LIABILITY FOR DAMAGES ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT SHALL NOT EXCEED THE GREATER OF (A) THE AMOUNT UTC HAS PAID ACT UNDER THIS AGREEMENT, OR (B) \$1,000. IN NO EVENT SHALL ACT BE LIABLE TO UTC FOR SPECIAL, INDIRECT, INCIDENTAL, PUNITIVE, EXEMPLARY, OR CONSEQUENTIAL DAMAGES. UTC SHALL HAVE THE SOLE RESPONSIBILITY FOR ASSURING THAT ITS USE OF THE PRODUCTS OR SERVICES COMPLIES WITH FEDERAL, STATE AND LOCAL LAWS AND REGULATIONS AND ALL LABOR, EMPLOYEE, OR OTHER CONTRACTS OR PRACTICES TO WHICH IT IS A PARTY. To the extent allowed under the law, the UTC shall indemnify and hold harmless ACT, its officers, directors, employees, subsidiaries, affiliates, agents, successors, and assigns (collectively the "ACT Indemnified Parties") against any and all third party claims, suits, complaints and actions which arise out of or are connected to the services UTC provides to examinees and are asserted against any of the ACT Indemnified Parties (collectively the "Claims"), including without limitation all damages, losses, liabilities, and expenses, including reasonable attorney's fees (collectively the "Indemnified Costs") incurred by or asserted against the ACT Indemnified Parties in connection with such Claim. Entity may not settle any such Claim against an ACT Indemnified Party without the prior written consent of ACT.

We appreciate your service to ACT. This information will help us to better serve your needs. If you have any questions regarding the establishment form or these instructions, please contact us anytime Monday through Friday from 8:00 a.m. to 5:00 p.m. Central Time at:

ACT Test Administration
PO Box 168, Iowa City, IA 52243
Phone: +319/337-1510 – Fax: +319/339-3039
e-mail: TestACT@act.org

UNLISTED/UNPAID TEST CENTER ESTABLISHMENT FORM FOR ACT NATIONAL TEST DATES

2020/2021 – place an "X" next to each date you would like to test

- ☐ JUNE 12, 2021
☐ JULY 17, 2021

INSTITUTION TYPE (check one)

- ☐ High School
☐ International School
☐ Embassy
☐ Military Facility
☐ College/University
☐ Other (describe) _____

AFFILIATION (check one)

- ☐ Public ☐ Private

Name and title of person responsible
for this location: _____

SECURITY INFORMATION

Will the test coordinator who signs this establishment form:

- | | YES | NO |
|--------------------------------|--------------------------|--------------------------|
| Sign for receipt of materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| Check in materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| Administer the test? | <input type="checkbox"/> | <input type="checkbox"/> |
| Return materials to ACT? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please identify who will _____

OTHER AUTHORIZED INDIVIDUALS

List up to two qualified staff members other than the test coordinator
who are authorized to receive, check in or return test materials.

Name/Title

Name/Title

SECURE STORAGE

Describe the secure, locked storage facility where test materials will
be stored at all times while in your possession. Attach a separate
sheet if additional space is needed.

Description (e.g., locked cabinet): _____

Location (e.g., locked office): _____

Who has keys to the locked storage? (List names/titles)

What else is this location used for?

ADMISSION TICKET MESSAGE

If you think it would help students, use the lines below to provide
with information to print on the admission tickets. When used,
messages typically describe the reporting location, parking
instructions and associated fees, campus restrictions, or appropriate
apparel for comfort at your center. We may edit the message to fit
the admission ticket.

For ACT Use Only

Date Rec'd _____

Date Entered _____

TC Code _____

Confirmation Sent _____

REPORTING LOCATION

Please provide information about the types of rooms and facilities associated with the reporting location by filling in the blanks and checking the appropriate boxes.

HIGH SCHOOL CODE _____

Institution: _____

Building: _____

Room Name/Number: _____

Street Address: _____

City: _____

Country: _____ Zip/Postal Code: _____

Type of room and facilities (check all that apply):

- ☐ Handicap/wheelchair accessible
- ☐ Air conditioned
- ☐ Free parking available
- ☐ Paid parking available
- ☐ Classroom with side arm desks
- ☐ Classroom with full surface desks
- ☐ Classroom with tables Auditorium
- ☐ (with side arm desks)
- ☐ Lecture hall (with continuous tables)
- ☐ Conference hall
- ☐

Other (specify)

CAPACITY INFORMATION – capacity for each option required

ACT requires a portion of your total capacity be made available to those students who wish to take either the ACT (no writing), ACT with writing or extended time. Please provide the number of students your test center can seat for all options in the fields below.

Standard _____

Plus Writing _____

Extended Time _____ **minimum of 15 seats required**

ACT no writing Capacity” refers to the total number of students your center can seat taking the ACT without the optional writing test.

ACT with writing” refers to the total number of students your center can seat taking the ACT and the optional writing test.

Extended time refers to the number of students your center can seat taking the ACT with extended time. Extended time students cannot test in the same room with standard time students.

TEST COORDINATOR INFORMATION

Name: _____
Title: _____
Institution: _____
Work Phone: (_____) _____
Home Phone: (_____) _____
Cell Number: (_____) _____
E-mail Address: _____

Mailing Address for Correspondence:

Address: _____

City: _____
Country: _____ Postal Code: _____

Shipping Address for Receipt of Test Materials: (Do NOT enter a P.O. Box address)

Address: _____

City: _____
Country: _____ Postal Code: _____

Are you a U.S. Citizen? ☐ YES ☐ NO

If no, what is your country of citizenship? _____

What is your country of residence? _____

Highest Education Level/Degree Attained (check one):

☐ High School ☐ Master's
☐ Associate ☐ Doctorate
☐ Bachelor's ☐ Professional

Current Job Responsibilities (check all that apply):

☐ Teaching ☐ Academic Administration
☐ Athletic Coaching ☐ Clerical Support
☐ Counseling/Advising ☐ Standardized Testing
☐ Test Preparation Classes* ☐ Other _____

Prior Experience with Standardized Testing (check all that apply):

☐ Primary/Secondary School Assessments
☐ College Admissions/Assessments
☐ Professional/Graduate School Admissions
☐ Professional Certification/Licensure
☐ Computer-Based Testing

List the standardized examinations you have administered most recently and the year(s) of administration. Circle the position you held (TS=test center coordinator, RS=room supervisor, P=proctor).

Name of Examination	Year(s)	Position Held
_____	_____	TS RS P
_____	_____	TS RS P
_____	_____	TS RS P

Number of test administrations you conduct per year:

☐ 1 - 2 ☐ 3 - 5 ☐ 6 - 10 ☐ More than 10

Total number of years testing experience: _____

Date of your first test administration for ACT: _____

UNLISTED TEST CENTER'S AGREEMENT

UTC agrees to take all steps necessary to arrange for appropriate testing facilities including obtaining permission from the individual with authority over those facilities. UTC also agrees to, without compensation from ACT, provide test administration services for the dates listed above and in accordance with all ACT policies and procedures for those dates and agrees to be responsible for all costs associated with administering the ACT to its students, including without limitation compensation to local testing staff. UTC is providing such services as an independent contractor to ACT. UTC understands and agrees that neither the Test Coordinator nor the testing staff will engage in any ACT test preparation activities beyond their specifically defined school day job responsibilities. UTC will require its staff to agree to read and comply with all ACT test administration policies (a summary of which is enclosed with this form). UTC understands and agrees that ACT has the right to terminate its relationship with any test center or test center personnel without advance notice if ACT determines, in its sole discretion and for any reason, that such termination is appropriate.

UTC agrees to comply with all laws and regulations applicable to the services provided under this agreement. UTC confirms that, to the best of its knowledge, its staff is not listed on the United States Office of Foreign Assets Control List of Specially Designated Nationals and Blocked Persons and I am not otherwise prohibited by U.S. law from performing any services under this Agreement.

UNLISTED TEST CENTER AUTHORIZED AGENT SIGNATURE

DATE

*ACT recognizes that the normal duties of a counselor or teacher may involve some responsibilities for test preparation. These activities by teachers or counselors are **not** a conflict of interest, *provided they are part of job responsibilities specifically defined by one's employer and the employer is not a commercial enterprise.*

SUBSTITUTE TEST COORDINATOR INFORMATION

Name: _____
Title: _____
Institution: _____
Work Phone: () _____
Home Phone: () _____
Cell Number: () _____
E-mail Address: _____

Mailing Address for Correspondence:

Address: _____

City: _____
Country: _____ Postal Code: _____

Shipping Address for Receipt of Test Materials:
(Do NOT enter a P.O. Box address)

Address: _____

City: _____
Country: _____ Postal Code: _____

Are you a U.S. Citizen? ☐ YES ☐ NO

If no, what is your country of citizenship? _____

What is your country of residence? _____

Highest Education Level/Degree Attained (check one):

☐ High School ☐ Master's
☐ Associate ☐ Doctorate
☐ Bachelor's ☐ Professional

Current Job Responsibilities (check all that apply):

☐ Teaching ☐ Academic Administration
☐ Athletic Coaching ☐ Clerical Support
☐ Counseling/Advising ☐ Standardized Testing
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