

# Test User Qualification Form

Individual Accounts (e.g. private practitioners, etc.) are requested to resubmit this form with each purchase.

Name \_\_\_\_\_ Title \_\_\_\_\_

Work Address \_\_\_\_\_ Organization \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_ Work Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

## A. Education Background

Bachelor's Degree Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Teacher's Certificate Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Master's Degree Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Doctorate Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

Other Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

## B. Membership in Professional Organization(s).

1. I am certified and/or a member of the following organization(s).

CPA  CASP  OPA  AERA  APA  ASHA  NASP  Other \_\_\_\_\_

2. I am registered by \_\_\_\_\_ 3. My registration number is \_\_\_\_\_

## C. Evidence of **Appropriate Training in the Use of Tests.**

I have successfully completed the following course(s).

Course name \_\_\_\_\_ Institution \_\_\_\_\_ Level (undergraduate, graduate or its equivalent) \_\_\_\_\_

I have successfully completed a practicum or internship in testing in the following area(s) - if ordering GATB include reference to testing courses.

I have successfully completed an appropriate advanced level workshop or mini-course sponsored by a professional association, college, university or firm that qualifies me to purchase the test(s) listed on the order form. I have included a letter that outlines the nature of this training.

## D. Evidence of **Acceptance of Responsibility for the Sound Use of Tests** (see section entitled "Who May Purchase Tests," page 38).

1. I wish to purchase the test(s) listed on the attached order form under the following test purchaser category.

Category 1  Category 2  Category 3  I plan to use the test for purposes other than the ones outlined under these categories (see page 38). I have included a letter that fully describes these other purposes.

## E. I have the **minimum qualifications to purchase:**

Level **A** Tests – Teaching Certificate (e.g., CTBS, CCAT, GMRT)  O.S.O.T. Occupational Therapy Kits **B**

Level **B** Tests – Teaching Certificate with specialized education and training (e.g., WJ Achievement, MBA, WMLS)

Level **C** Tests – Related Masters degree with specialized education and training (e.g., WJ Cognitive, Stanford-Binet, CAS)

My signature indicates that the information on this form is correct. I agree to abide by the principles set forth under the category checked above, and I also agree to abide by the regulations that apply to the copyrighted parts of the test(s) I wish to purchase. Copyrighted parts of tests include test items, scoring algorithms, norms, test booklets, test protocols, etc. This material may not be reproduced in paper or electronic format without written permission from the publisher. Violation of copyright is a federal offense according to the Canadian Copyright Act.

Date \_\_\_\_\_ Signature \_\_\_\_\_