

REGISTRATION AND QUALIFICATION FORM

Customer Information

Name:			
E-mail address			
Phone			
Organization name			
Street address			
Suite/Apt			
City		State/Province	
Zip/Postal code			

Memberships in Professional Organizations

(If you are a full member of any of the organizations listed below, you may simply provide your member number, then sign and date this form. Additional information is not required.)

APA, NASP, ACA, National Register of Health Service Providers in Psychology Membership
 Number _____

If you are not a member of any of the organizations listed above, please complete the following:

Professional Credentials

Certificate/License (type)			
Certifying or licensing agency			
Certificate/License no			
Exp. date			

Educational Background and Coursework/Workshops Completed in Use of Tests

I certify that my training in an undergraduate or graduate training program included specific coursework on the use of tests, their scoring, interpretation, ethical use. This included both measurement theory as well as specific training for some instruments. Please list the highest level of training

Highest degree attained			
Institution			
Major field			
Year degree completed			

I certify that all information contained in this form is accurate. I certify that I and/or other persons who may use any test materials I order have a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the *Standards for Educational and Psychological Testing*. I certify that I/we are qualified to use and interpret the results of these tests as recommended in the *Standards*, and I assume full responsibility for proper use of all materials. I agree to not copy, distribute, or resell any Edumetrisis test material without specific written permission, as these activities constitute copyright infringement.

Signature **X** _____ Date _____

____ I am a graduate student. Below is my professor's endorsement for the use of the tests under the criteria and terms described above.

I agree to supervise this student's use of items ordered and endorse the statement above.

Professor's name _____
 Department _____ Institution: _____

Signature **X** _____ Date _____