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Pearson Canada Assessment Inc., Customer Service, Attn: Qualification Section, 55 Horner Avenue, Toronto, Ontario, M8Z 4X6

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**Type of Business**

- Clinic/Counselling Service  College/University  Government Agency  Hospital  Human Resources  
 Private Practice  Rehab. Centre  School or School Board  Social Agency  Other \_\_\_\_\_

**Primary Area of Specialty** (based on Training or Supervised Experience) *(Please check only one box)*

- Counselling  General Education  Neuropsychology  Occupational Therapy  Physical Therapy  
 Psychology  School Psychology  Speech Language Therapy  Other \_\_\_\_\_

**Primary Area of Interest** *(Please check all boxes that apply)*

- Achievement  Behavioural Difficulties  Cognition  Developmental Disabilities  Early Childhood  
 Personality  Psychopathology  Physical Disabilities  Other \_\_\_\_\_

**Educational Background**

- Bachelor's Degree: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_  
 Master's Degree: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_  
 Doctorate: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_  
 Other: Year \_\_\_\_\_ Institution \_\_\_\_\_ Major \_\_\_\_\_

**Age Range of Clients** *(Please check all boxes that apply)*

- 0-3 years  4-6 years  7-18 years  19-24 years  25-64 years  65 years and older

**Professional Credentials**

- Licensed (Province) \_\_\_\_\_ Licensing Board \_\_\_\_\_ Lic # \_\_\_\_\_ Exp \_\_\_\_\_  
 Licensed (Province) \_\_\_\_\_ Licensing Board \_\_\_\_\_ Lic # \_\_\_\_\_ Exp \_\_\_\_\_

**Membership in Professional Organization(s)** *(Please check all boxes that apply)*

- AACD  APA  ASHA  CAOT  CARP  CASLPA  CASP  CEA  CEC  CPA  
 HRCI  IINS  LDAC  OPA  OPQ  SEA  SHRM  Other \_\_\_\_\_

**Evidence of Appropriate Training in the Use of Tests**

- Have you successfully completed a graduate course(s) in Assessment? Yes  No  Course Names(s) \_\_\_\_\_  
 Have you successfully completed a practicum or internship in Testing? Yes  No  Course Names(s) \_\_\_\_\_

**Test Usage** Workshops  Continuing Education  Supervised Training  Other \_\_\_\_\_

**Evidence of Acceptance of Responsibility for the Sound Use of Tests**

- I wish to purchase tests at the following Qualification levels: A  B  C   
 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. I have included a letter that fully describes these other purposes. Yes  No

**Please indicate which catalogue(s) you would like to receive:**

- Psychological  Occupational Therapy  Speech-Language  Education  French Clinical

**Please check this box if you do NOT want to receive product mailings that are not in reference to product updates or related information.**

Terms of Agreement: I certify that I and/or persons who may use the test materials being ordered by me have a general knowledge of measurement principles and of the limitations of test interpretations as called for in the Standards for Educational and Psychological Tests and that I/we are qualified to use and interpret the results of these tests being purchased as recommended in these Standards. Each person or institution purchasing a test must agree to comply with the following basic principles of minimum test security: Test takers must not receive test answers before beginning the test; test users must adhere strictly to the copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals; access to test materials must be limited to qualified persons who agree to safeguard their use. Test materials may not be resold or distributed under any circumstances. I additionally certify that I have read the Terms and Conditions of Purchase and other policies set forth in this catalogue and that I understand and accept such Terms and Conditions of Purchase and policies.

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

**Note:** Graduate students must also include the signature of a faculty advisor who assumes responsibility for supervising the use of test materials.

**Graduate Advisor Signature** (For Student Orders Only) \_\_\_\_\_ **Date** \_\_\_\_\_