

Examiner Enrolment Form

Name: Mr. Ms. Mrs. Dr. _____ Credentials: _____

Preferred mailing address (please circle: Home or Work): _____

City: _____ Province: _____ Postal Code: _____

Day Phone: () _____ Evening Phone: () _____

Fax Number: () _____ Preferred Email address: _____

You prefer to be contacted by: Day Phone Evening Phone Email

Were you referred by a current Pearson Assessment/PsychCorp examiner? Yes No

Name of referring examiner: _____

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The following information will help us ensure a pool of examiners that will reflect the composition of the national population. This information will remain confidential.

Are you proficient in administering tests in French? Yes No

Gender (Optional): Male Female

Employment Setting (please check one):

- | | | | |
|--|--|---|-----------------------------------|
| <input type="checkbox"/> Public Schools | <input type="checkbox"/> Private Schools | <input type="checkbox"/> Rehab | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Clinic | <input type="checkbox"/> Long-Term Care | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other (please specify): _____ | | | |

Current Employer: _____ Length of time in this position: _____

Profession (please check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> School Psychologist | <input type="checkbox"/> Clinical Psychologist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Industrial Psychologist | <input type="checkbox"/> Neuropsychologist |
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> Developmental Psychologist | <input type="checkbox"/> Speech Language Pathologist (SLP) |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Early Childhood Educator | <input type="checkbox"/> Graduate Student – SLP |
| <input type="checkbox"/> Graduate Student – Psychology | <input type="checkbox"/> Teacher | <input type="checkbox"/> Industrial Organizational Psychologist |
| <input type="checkbox"/> Psychometrician | <input type="checkbox"/> Counselling Psychologist | <input type="checkbox"/> Behavioural Psychologist |
| <input type="checkbox"/> Other (please specify): _____ | | |

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

- AACD APA ASHA CAOT CARP CASLPA CASP CEA CEC CPA
 HRCI INS LDAC OPA OPQ SEA SHRM Other: _____

Educational Background (students please indicate degree being sought and graduation date):

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

Professional Credentials/Accreditations/Certifications/Licensures:

Title _____
Licensing Board/Agency/College (Province): _____ Expiry: _____

Title _____
Licensing Board/Agency/College (Province): _____ Expiry: _____

Have you successfully completed a graduate level course in Diagnostic Assessment? Yes No

Please list all relevant courses and details, including institution, course name course number, and date completed:

Measurement: _____

Assessment: _____

Psychometrics: _____

Other: _____

Do you have experience administering any of the following types of tests (please check all that apply)?

- | | | | |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Speech-Language | <input type="checkbox"/> Intelligence | <input type="checkbox"/> Personality | <input type="checkbox"/> Achievement |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Neuropsychological | <input type="checkbox"/> Sensory | <input type="checkbox"/> Motor/Physical |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Other: _____ | | |

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Do you have access to a clinical or disordered population? Yes No

If yes, please indicate which types of clinical or disordered populations (please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Autism | <input type="checkbox"/> Stroke/Cerebrovascular Accident (CVA) |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Physical Disabilities | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Intellectually Disabled | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Dementia |
| <input type="checkbox"/> Pervasive Developmental Disorder | <input type="checkbox"/> Motor Impairment | <input type="checkbox"/> Alzheimer's |
| <input type="checkbox"/> Emotional/Behavioural Disorder | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Drug and Alcohol Abuse |
| <input type="checkbox"/> Speech-Language Delay/Disorder | <input type="checkbox"/> Gifted and Talented | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> English as a Second Language/
Limited English Proficiency | |

What age categories are your clinical or disordered populations (please check all that apply)?

- | | | | |
|---|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Adult | <input type="checkbox"/> Geriatric | |

Do you have access to a non-clinical or non-disordered population? Yes No

What age categories are your non-clinical or non-disordered populations (please check all that apply)?

- | | | | |
|---|---------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Preschoolers | <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Adult | <input type="checkbox"/> Geriatric | |

To ensure our research samples are representative of the national population, please indicate the population(s) to which you have access for testing purposes of children and adults:

Ethnicity: Caucasian Asian First Nations Other (please specify) _____

If testing children, what are the parent education levels (please check all that apply)?

- | | | |
|---|--|--|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> High School Diploma or equivalent | <input type="checkbox"/> Trade Certificate |
| <input type="checkbox"/> Attended college or university but no degree | <input type="checkbox"/> College Diploma | <input type="checkbox"/> University Degree |

If testing adults, what are their education levels (please check all that apply)?

- | | | |
|---|--|--|
| <input type="checkbox"/> No High School Diploma | <input type="checkbox"/> High School Diploma or equivalent | <input type="checkbox"/> Trade Certificate |
| <input type="checkbox"/> Attended college or university but no degree | <input type="checkbox"/> College Diploma | <input type="checkbox"/> University Degree |

What tests do you have access to and/or routinely administer?

(If you have administered a previous version of a test, please indicate which under "other")

Speech/Language

- Boehm Test of Basic Concepts—Third Edition (Boehm—3)
- Boehm—3 Preschool
- Boston Diagnostic Aphasia Examination—Third Edition (BDAE—III)
- Bracken Basic Concepts Scale—Third Edition: Receptive/Bracken Basic Concept Scale: Expressive (BBCS—3:R/BBCS:E)
- Bracken School Readiness Assessment—Third Edition (BSRA—3)
- Clinical Evaluation of Language Fundamentals—Fourth Edition (CELF—4)
- Clinical Evaluation of Language Fundamentals: Preschool—Second Edition (CELF:P—2)
- Clinical Evaluation of Language Fundamentals—French Edition
- Clinical Evaluation of Language Fundamentals—Fourth Edition Screening Test
- Cognitive Linguistic Quick Test (CLQT)
- Comprehensive Assessment of Spoken Language (CASL)
- Denver Developmental Screening Test II (DDST)
- Goldman-Fristoe Test of Articulation—Second Edition (GFTA—2)
- Oral and Written Language Scales—Listening Comprehension (LC) Scale and Oral Comprehension (OE) Scale (OWLS)
- Oral and Written Language Scales—Written Expression (WE) Scale (OWLS)
- Peabody Picture Vocabulary Test—Fourth Edition (PPVT—4)
- Preschool Language Scale—Fourth Edition (PLS—4)
- Rice/Wexler Test of Early Grammatical Impairment (TEGI)
- Ross Information Processing Assessment—Second Edition (RIPA—2)
- Ross Information Processing Assessment—Geriatric (RIPA—G)
- Sequenced Inventory of Communication Development—Revised (SICD—R)
- Test of Early Language Development—Third Edition (TELD—3)
- Test of Adolescent and Adult Language—Fourth Edition (TOAL—4)
- Test of Language Development: Primary—Fourth Edition (TOLD:P—4)
- Test of Language Development: Intermediate—Fourth Edition (TOLD:I—4)
- Test of Pragmatic Language—Second Edition (TOPL—2)
- Western Aphasia Battery—Revised (WAB—R)
- Verbal Motor Production Assessment for Children (VMPAC)
- Other (please specify) _____

Cognitive/Neuropsychology

- Developmental Assessment of Neuropsychological Functions—Second Edition (NEPSY-II)
- Delis-Kaplan Executive Function System (D-KEFS)
- Kaplan Baycrest Neurocognitive Assessment (KBNA)
- Wechsler Memory Scale—Fourth Edition (WMS-IV)
- Other (please specify) _____

Intelligence

- Wechsler Adult Intelligence Scale—Fourth Edition (WAIS-IV)
- Wechsler Individual Scale of Intelligence for Children—Fourth Edition (WISC-IV)
- Wechsler Preschool and Primary Scales of Intelligence—Revised (WPPSI-R)
- Wechsler Preschool and Primary Scales of Intelligence—Third Edition (WPPSI-III)
- Wechsler Individual Scale for Children—Third Edition as a Process Instrument (WISC-III PI)
- Wechsler Test of Adult Reading (WTAR)
- Differential Ability Scales—Second Edition (DAS-II)
- Wechsler Non-Verbal Scale of Ability (WNV)
- Naglieri Nonverbal Ability Test—Individual Administration (NNAT-Individual)
- Test of Nonverbal Intelligence—Fourth Edition (TONI-4)
- Other (please specify) _____

Achievement

- Wechsler Fundamentals—Academic Skills (WF:AS)
- Process Assessment of the Learner—Second Edition: Diagnostic Assessment for Reading, Writing and Math (PAL-II)
- Wechsler Individual Achievement Test—Third Edition (WIAT-III)
- Woodcock-Johnson Psychoeducational Battery —Third Edition (WJ III)
- Other (please specify) _____

Developmental

- Bayley Scales of Infant and Toddler Development—Third Edition (Bayley-III)
- Adaptive Behavior Assessment System—Second Edition (ABAS-II)
- Vineland Adaptive Behavior Scales—Second Edition (Vineland-II)
- Other (please specify) _____

Other

- The Beery-Buktenica Developmental Test of Visual-Motor Integration—5th Edition (The Beery VMI)
- Brown Attention-Deficit Disorder Scales (Brown ADD Scales)
- California Verbal Learning Test—Second Edition (CVLT-II)
- Other (please specify) _____

**Please
Return
To:**

Pearson Assessment/PsychCorp

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