User Acceptance Form

Qualifications Process

Please establish your qualification level for purchases by completing this User Acceptance Form. This form can be emailed to qualifications@proedinc.com or mailed to PRO-ED Qualifications, 8700 Shoal Creek Blvd., Austin, TX 78757-6897, or faxed to (800) 397-7633. For faster service, you can also complete this form online at www.proedinc.com. PRO-ED is committed to maintaining professional standards in testing as presented in the Standards for Educational and Psychological Testing, published by the American Educational Research Association (AERA), American Psychological Association (APA), and National Council on Measurement in Education (NCME). A central principle of professional test use is that individuals should use only those tests for which they have the appropriate training and expertise. PRO-ED supports this principle by stating qualifications for the use of particular tests and selling tests only to individuals who provide credentials that meet those qualifications. The standards that PRO-ED employs to comply with professional testing practices are described below.

QUALIFICATION LEVEL A:

There are no special qualifications to purchase these products.

QUALIFICATION LEVEL B:

Tests may be purchased by individuals with:

 A master's degree in psychology, education, occupational therapy, social work, counseling, or a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

0R

Certification by, or full active membership in, a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment.

0R

 A degree or license to practice in the health-care or allied healthcare field.

0R

Formal, supervised mental health, speech—language, occupational therapy, social work, counseling, and/or educational
training specific to assessing children, or in infant and child development, and formal training in the ethical administration, scoring,
and interpretation of clinical assessments.

QUALIFICATION LEVEL C:

Tests with a C qualification require a high level of expertise in test interpretation and can be purchased by individuals with:

 A doctorate in psychology, education, or a closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.

0R

State licensure or certification to practice in a field related to the purchase.

0R

 Certification by, or full active membership in, a professional organization (such as APA, NASP, NAN, INS) that requires training and experience in the relevant area of assessment.

We are committed to supporting the professional standards of our clients, the integrity of our respected assessments, and the ethical obligations outlined by the American Psychological Association.

*Telephone:	*Fax:	*Email:	
•			
714410001		*State:	*7in·
•			Zip
Profession (circle one)			
Audiologist ` '	Education Professional	Psychiatrist	Social Worker
Behavior Analyst Consultant/	Educational Diagnostician	Psychologist–Clinical Psychologist–Forensic	Special Education Professional
Specialist-Education	Human Resources	Psychologist-Industrial/	Special Education
Counselor–Family/Men- tal Health/Substance	Professional Nurse	Organizational	Teacher Speech–Language
Abuse	Occupational Therapist	Psychologist–Neuro Psychologist–School	Pathologist
Counselor-Vocational/	Physical Therapist	Psychometrist	Student/Intern
Academic	Physician	Public Safety Officer	Teacher
Director–Clinical Training Early Childhood	Principal Professor	Purchasing Agent School Social Worker	Testing Coordinator Training Development
Professional	110163301	School Social Worker	Professional
Do you have a valid licens	se or certificate issued by	a state regulatory board?	Yes No
License number:			
Licensing agency:			
Do you have a profession	al degree? Yes	No *Highest degree obtair	ned:
Major/field:		*Year degree complet	ed:
Institution:			*Date:
Do you have course work	completed in the area of	Tests and Measurements?	Yes No
Date:*	Course:		
Institution			
Level (circle one): Underg	raduate Graduate		
occupational therapy, so	ervised mental health, spe cial work, counseling, and ssing children, or in infant	d/or educational	Yes No
Date:*	Course:		
Institution			
Level (circle one): Underg	raduate Graduate		
Do you have active or ret	ired membership in the fo	llowing professional organiz	zations? (circle all that appl
	AMA AOTA APA A	SHA CEC EAA INS NA	AN NASP NAEYC NBC
AAA ACA AEA AERA			
Member #(s)			
Member #(s) certify that: I will update this information I am qualified to properly update the property update the prop	on upon request. use any test and assessment	products I order, and I have pi	rovided PRO-ED/LinguiSyste
Member #(s) certify that: I will update this information I am qualified to properly upwith only accurate and true	on upon request. use any test and assessment e qualification information.	products I order, and I have p	
Member #(s) certify that: I will update this information I am qualified to properly upwith only accurate and true Any test and assessment property of the second second second property of the second secon	on upon request. use any test and assessment e qualification information. oroducts purchased under m	products I order, and I have po y account will be used by me a	and/or under my supervision
Certify that: I will update this information I am qualified to properly uwith only accurate and true Any test and assessment property of the second	on upon request. use any test and assessment e qualification information. oroducts purchased under m	products I order, and I have p	and/or under my supervision
Certify that: I will update this information I am qualified to properly unwith only accurate and true. Any test and assessment properly and ethical guidelines. I have read and hereby agreement properly agreement.	on upon request. use any test and assessment e qualification information. oroducts purchased under m oroducts purchased under m	products I order, and I have po y account will be used by me a y account will be used in acco s's Qualification Terms and Co	and/or under my supervision rdance with all applicable le

affect my qualification to purchase, I will immediately notify PRO-ED/LinguiSystems of such changes.

Date_

*Signature:

*Required fields