

**Qualifications Policy**

Please establish your qualification level for this and future purchases by completing the User Acceptance Form. For faster service, fax form to 800.232.1223, or send this form along with your order. You may also complete the form online at PearsonClinical.com.

Pearson 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 the 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. Pearson supports this principle by stating qualifications for the use of particular tests, and selling tests to individuals who provide credentials that meet those qualifications. The policies that Pearson uses to comply with professional testing practices are described below.

The "User" is the individual who assumes responsibility for all aspects of appropriate test use, including administration, scoring, interpretation, and application of results. Some tests may be administered or scored by individuals with less training, as long as they are under the supervision of a qualified User.

Each test manual will provide additional detail on administration, scoring and/or interpretation requirements and options for the particular test.

We accept orders from individuals when a User Acceptance Form has been submitted and accepted. All tests are classified by a User qualification code. See the specific test descriptions in the catalog or on the Web for these qualification levels.

**QUALIFICATION LEVEL A:**

There are no special qualifications to purchase these products.

**QUALIFICATION LEVEL B:**

Tests can be purchased by individuals with: Certification by or full active membership in a professional organization (ASHA, AOTA, APA, AERA, ACA, AMA, NASP, NAN, INS, CEC, AEA, AAA, EAA, NAEYC) that requires training and experience in a relevant area of assessment.

**OR**

A master's degree in psychology, education, occupational therapy, speech-language pathology, social work, or in a field closely related to the intended use of the assessment, 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: Licensure or certification to practice in your state in a field related to the purchase.

**OR**

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

**QUALIFICATION LEVEL Q:**

Tests can be purchased by individuals with one of the backgrounds below as determined by the particular purchase.

**Q1:** A degree or license to practice in the healthcare or allied healthcare field.

**Q2:** Formal supervised mental health, speech/language, and/or educational training specific to working with parents and assessing children, or formal supervised training in infant and child development, and formal training in the ethical use, administration, and interpretation of standardized assessment tools and psychometrics.

**Please Note:** A User Acceptance Form is not needed for Level Q2 for approved or accredited schools, colleges/universities and government agencies that submit orders on, or whose orders are accompanied by, official purchase order, or with purchase order number indicated on official academic or institutional letterhead.

*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.*

**User Acceptance Form**

\*Name \_\_\_\_\_

\*Organization Name \_\_\_\_\_

\*Telephone \_\_\_\_\_ \*Fax \_\_\_\_\_ \*E-mail \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_ \*Country \_\_\_\_\_

**1. Professional Title**

- Audiologist
- Consultant/Specialist-Education
- Counselor-Family/Mental Health/Substance Abuse
- Counselor-Vocational/Academic
- Director-Clinical Training
- Early Childhood Professional
- Education Professional
- Educational Diagnostician
- Human Resources Professional
- Nurse
- Occupational Therapist
- Physical Therapist
- Physician
- Principal
- Professor
- Psychiatrist
- Psychologist-Clinical
- Psychologist-Forensic
- Psychologist-Industrial/Occupational
- Psychologist-Neuro
- Psychologist-School
- Psychometrist
- Public Safety Official
- School Social Worker
- Social Worker
- Special Education Professional
- Speech Language Pathologist
- Student/Intern
- Teacher
- Testing Coordinator
- Training Development Professional

**2. Primary Work Setting:**

**Education**

- Public School
- Private School
- Post-Secondary 4-year
- Post-Secondary 2-year
- Technical/Vocational College
- Headstart
- Daycare/Preschool
- Other: \_\_\_\_\_

**Government**

- Corrections
- Public Safety/High-Risk
- Military/VA
- CMHC
- Federal/State/Local Org
- Other (please specify) \_\_\_\_\_

**Mental Health & Counseling**

- Psychology & Counseling
- Hospital/University Hospital
- Neuropsychology
- Forensic Practice
- Psychiatric Practice
- Speech and Language
- Audiology
- Substance Abuse
- Career Counseling
- Occupational Therapy
- Physical Therapy
- Nursing Home/Assisted Living

**Medical Specialty**

(e.g., Pain, Bariatrics, Rehab)  
 \_\_\_\_\_

**3. Highest professional degree attained:**

\*Degree \_\_\_\_\_ \*Major Field \_\_\_\_\_ \*Year \_\_\_\_\_

\*Institution \_\_\_\_\_

**4. Course work completed in Tests and Measurement: yes or no**

If yes \*Date \_\_\_\_\_ \*Course \_\_\_\_\_

\*Institution \_\_\_\_\_

graduate level     undergraduate level

**5. Valid license or certificate issued by a state regulatory board:**

\*Certificate/License Type \_\_\_\_\_ \*Number \_\_\_\_\_

\*Certifying or Licensing Agency \_\_\_\_\_

\*State \_\_\_\_\_ \*Expiration Date \_\_\_\_\_

**6. Full and Active Membership in Professional Organization(s) Status:**

- ASHA    AOTA    APA    AERA    ACA    AMA    NASP    NAN    INS    CEC    AEA    AAA
- EAA    NAEYC

Member No. \_\_\_\_\_ Member Type \_\_\_\_\_

**I agree that:**

- This form is valid for two years from the date of my signature and I agree to update the information upon request and as necessary to update the information.
- I am qualified to properly use any Pearson Products I order, and I have provided Pearson with only accurate and true qualification information.
- Any Pearson Products purchased under my account will be used by me and/or under my supervision.
- Any Pearson Products purchased under my account will be used in accordance with all applicable legal and ethical guidelines.
- I have read and hereby agree to Pearson's Terms and Conditions of Sale and Use of Pearson Products to all orders for my account and will abide by the Pearson Terms and Conditions and Qualification Policies (as may be modified or amended at PearsonClinical.com). I agree I will not resell any Pearson Products.
- I understand that violation of any Pearson's Terms and Conditions of Sale and Use may result in the revocation of my right to purchase as a qualified customer. If there are any changes that may affect my qualification to purchase, I will immediately notify Pearson of such changes.

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

\* Required fields