

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 may be purchased by individuals with:

- A master's degree in psychology, education, occupational therapy, 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.

OR

- 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.

OR

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

OR

- Formal, supervised mental health, speech/language, 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 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.

OR

- Licensure or certification to practice in your state in a field related to the purchase.

OR

- 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.

User Acceptance Form

*Name _____

*Organization Name _____

*Telephone _____ *Fax _____ *E-mail _____

*Address _____

*City _____ *State _____ *Zip _____ *Country _____

1. Professional *Title

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

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 ☐ NBCC ☐ OTHER _____

Member No. _____ Member Type _____

I agree that:

- I agree to update the information upon request.
- 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