

Qualification Form

If this is your first order with Psychometrics Canada and you are ordering a test with a 'B' or a 'C' marked after its title, please complete and sign this form. Students ordering tests for research must prepay and have their supervising faculty member sign this form. Certain tests distributed and published by Psychometrics Canada are available only to users who have the appropriate training and credentials, and who adhere to the principles of proper test usage, including the knowledge of tests and their limitations.

To purchase 'B' materials, you must have a degree from an accredited college or university and have satisfactorily completed a course in the interpretation of psychological tests and measurement at an accredited university or college.

To purchase 'C' materials, you must fulfill all qualifications for 'B' users, and must also possess an advance degree in a profession that provides training in the interpretation of psychological tests.

ADDRESS Business Home

Name _____		Position _____	
Organization _____		City _____	Province _____
Address _____		Postal Code _____	Country _____
() _____	() _____	Email <input type="checkbox"/> Yes, send me a monthly e-newsletter *	
Phone	Fax		

LEVEL OF TRAINING

Doctorate: Field _____ Institution _____ Year _____

Masters: Field _____ Institution _____ Year _____

Bachelor's: Field _____ Institution _____ Year _____

Licensure: Association _____ License Number _____

Member of these Professional Organizations: _____

Qualification Workshops: MBTI[®] Location _____ Date _____

Strong Location _____ Date _____

Qualifying Organization (for example, Psychometrics) _____

PURPOSE FOR USING THE TEST

<input type="checkbox"/> Therapy/Private Consulting	<input type="checkbox"/> Health Care	<input type="checkbox"/> Training Development
<input type="checkbox"/> Personnel Development	<input type="checkbox"/> Personal Counselling	<input type="checkbox"/> Marital Counselling
<input type="checkbox"/> Organizational Development	<input type="checkbox"/> Management Development	<input type="checkbox"/> Career Development
<input type="checkbox"/> Business Consulting	<input type="checkbox"/> Career Counselling	<input type="checkbox"/> _____
		Other

PROFESSOR'S SIGNATURE *Students must have their professor sign this form.*

Professor's Signature _____ Date _____
(I agree to supervise this student's use of the ordered items and endorse this statement.)

Print Professor's Name _____

University / Department _____

TYPE OF ORGANIZATION

Business

Government

Kindergarten – Grade 12

University

Other

COMPLETED COURSES & WORKSHOPS

UG – Undergraduate G – Graduate

UG G

Test Administration

Career Interest Training

Test Interpretation

Psychometrics and Measurement Training

Other

I agree that CPP's test instruments are licensed and not sold to me, and I agree not to resell, sublicense, export, redistribute or otherwise transfer for use by any other person or entity any copy of any such instruments. I understand the elements of testing essential to the appropriate use of standardized tests, and have personal knowledge of professional testing standards (such as the APA-AERA-NCME Standards for Educational and Psychological Tests). I further warrant to Psychometrics Canada that I possess the appropriate training and competencies to use the testing materials and services that I seek to purchase. I agree that my use of such materials will adhere to applicable local and national laws and regulations and ethical principles of my profession. I assume full responsibility for the proper use of the testing material that I order from Psychometrics Canada.

Purchaser's Signature

Date

PSYCHOMETRICS CANADA LTD.
 7125 – 77 Avenue
 Edmonton AB T6B 0B5 Canada
 800.661.5158

Telephone 780.469.2268
 Fax 780.469.2283

WWW.PSYCHOMETRICS.COM

* Yes, send me monthly e-newsletter and emails with product, service and training updates. You can withdraw your consent at any time. Please refer to our privacy policy at psychometrics.com or contact us for details.