Dear Customer:

Some publishers of the test materials we sell require the individuals using them to have appropriate credentials based on education, training and/or experience in the field of assessment. We have attached a copy of our form, “Application to Purchase and Use Assessment Materials.” Would you please complete the form and return it to us for approval?

If you are ordering for an organization or on behalf of another individual (e.g. the buyer for that organization), please specify the qualifications of the person with professional training who will assure appropriate use of the materials you are purchasing. This person is usually a licensed professional with training and experience in the use of similar tests.

If you have any questions regarding this request, please do not hesitate to contact our Customer Service representatives at Therapro, Inc.

Thank you. We appreciate your cooperation.

Karen Conrad Weihrauch, ScD, OTR/L
President
Application to Purchase and Use Assessment Materials

This form must be completed by individuals who wish to purchase educational tests. It must also be signed by the person who will assume overall professional responsibility for the interpretation and use of such tests. Please type or print clearly.

A. General Information

Name____________________________________________Professional Title________________________________________

Name of Organization________________________________________________________________________________________

Type of Organization

☐ Public or Private School  ☐ College or University  ☐ Medical Facility

☐ Private Practice Clinic or Counseling Center  ☐ Business

☐ Other (specify) __________________________________________________________

Address:  ☐ Home  ☐ Office

Street: _____________________________________________________________________________________________________

City___________________________________________State___________________________Zip___________________________

Phone_____________________________________________Email_____________________________________________________

B. Professional Qualifications

Highest Professional Degree:

Degree________________________Major Field__________________________College/University______________Year Received________

List all relevant professional associations of which you are a member:____________________________________________________

List all relevant licenses, credentials, or certifications you now hold that are relevant to the materials you wish to purchase:

___________________________________________________________________________________________________________

Certificate_______________________________________Certifying or Licensing Agency____________________________________

Number_________________________________________Expiration Date________________________________________________
C. Training in Assessment

Complete this section only if you do not hold a degree(s) or license(s) that require(s) specialized training in the use of tests similar to those you wish to purchase.

Indicate the areas in which you have completed assessment coursework and supervised training.

<table>
<thead>
<tr>
<th>Assessment Area</th>
<th>Undergraduate</th>
<th>Graduate</th>
<th>Workshop for Professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Tests and Measurement</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Statistics</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

Test Use in:

- Clinical Diagnosis: □
- Counseling: □
- Intelligence Assessment: □
- Learning Disability Assessment: □
- Neuropsychology: □
- Psychoeducational Planning: □
- Sensory Integration Therapy: □
- Speech, Language, and Hearing: □
- Other Assessment Area(s) (specify): □

Please indicate any additional coursework, supervised training, or experience you have with tests similar to those you wish to purchase:
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

I certify that the above information is complete and accurate to the best of my knowledge. I certify that I and/or other persons who may use any test materials I order have a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the Standards for Educational and Psychological Testing.

Signature__________________________________________________  Date____________________________________________________

☐ I am a graduate student. My professor has endorsed my order (see signature below)

☐ I agree to supervise this student’s use of items ordered and endorse the statement above.

Professor’s name:_________________________________  Dept._________________________________  Institution___________________________