



The Therapy Resource For Families & Professionals

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." Please complete the form and return it to us for approval. You can email it to us at info@therapro.com, or fax it to us at (800) 268-6624.

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.

We appreciate your cooperation.

Thank you,

A handwritten signature in black ink that reads "Karen C. Wehrauch". The signature is written in a cursive, flowing style.

Karen Conrad Wehrauch, 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.

1. General Information

Name _____ Address Home Office
Street _____
Professional Title _____ City _____ State _____ Zip _____
Name of Organization _____ Phone _____ Email _____
Type of Organization
 Public or Private School College or University Medical Facility Private Practice Clinic or Counseling Center Business
 Other (specify) _____

2. 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 _____

3. 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.

Assessment Area	Undergraduate	Graduate	Workshop for Professionals
Basic Tests and Measurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test Use in:			
Clinical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intelligence Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Neuropsychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychoeducational Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Integration Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech, Language, and Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Assessment Area(s) (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 _____

Assessment Qualification Guidelines

Letter Code	Qualification Level
A	There are no special qualifications to purchase these products.
B	<p style="text-align: center;"><i>Tests may be purchased by individuals with:</i></p> <p>A master's degree in psychology, education, occupational therapy, social work, counseling, 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.</p>
	OR
	<p>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.</p>
	OR
C	<p style="text-align: center;"><i>Tests with a C qualification require a high level of expertise in test interpretation, and can be purchased by individuals with:</i></p> <p>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.</p>
	OR
	<p>Licensure or certification to practice in your state in a field related to the purchase.</p> <p style="text-align: center;">OR</p> <p>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.</p>