



**The Therapy Resource For Families & Professionals**

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**225 Arlington Street Framingham, MA 01702-8723 Tel: (800) 257-5376 Fax: (800) 268-6624**

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



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### 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.

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:

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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 \_\_\_\_\_