Customer Qualification Form

Customer Information
☐ Dr. ☐ Mr. First name ___________________________ Last name ___________________________
☐ Ms. ☐ Mrs. ___________________________________ ___________________________________
Customer no. ___________________________ E-mail address ___________________________.

I would like to order via your website. Please send me instructions.
☐ Yes ☐ No (If yes, e-mail address required above.)

Mailing address
Organization name ___________________________________________________________
Street address ___________________________________________ Suite/Apt. ________
City ___________________________ State/Province ___________________________
ZIP/Postal code ___________________________ Country _______________________

Educational background
Highest degree attained ___________________________ Year degree completed ___________________________
Major field ___________________________________________________________
Institution ___________________________________________________________

Check the appropriate professional organizational memberships
(If you are a full member of any of the organizations listed below, you may simply provide your member number, then sign and date this form. Additional information is not required. If you are not a member of any of the organizations listed, skip to Professional credentials.)
☐ APA ☐ NASP ☐ National Register of Health Service Providers in Psychology
Membership Number ___________________________

Professional credentials
Certificate/license (type) _______________________________________________________
Certifying or licensing agency ___________________________________________________
Certificate/license no. ___________________________ Exp. date ___________________________

Coursework/workshops completed in use of tests
Provide the following information about your training and/or coursework. For all that apply, indicate whether undergraduate (U) or graduate (G), name of institution or organization, and date completed.

Title ___________________________________________ ☐ U ☐ G
Institution ___________________________________________

Title ___________________________________________ ☐ U ☐ G
Institution ___________________________________________

I certify that all information contained in this form is accurate. 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. I certify that I/we are qualified to use and interpret the results of these tests as recommended in the Standards, and I assume full responsibility for proper use of all materials I order from PAR. I agree to not copy, distribute, or resell any PAR test material without specific written permission, as these activities constitute copyright infringement.

Signature X ___________________________ 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 ___________________________________________________________
Department ___________________________________________________________
Institution ___________________________________________________________
Signature X ___________________________ Date ___________________________

Completed Qualification Forms may be submitted via e-mail (CS@parinc.com), fax (1.800.727.9329 or 1.813.961.2196), or mail (PAR, Inc., 16204 N. Florida Ave., Lutz, FL 33549).