

Customer Quals

In accordance with the *Standards for Educational and Psychological Testing* and PAR's competency-based qualification guidelines, many tests and other materials sold by PAR are available only to those professionals who are trained to administer, score, and interpret psychological tests. If you have not already established a Qual with PAR, complete the form and send it with your first order.

Qual: A

- No special qualifications required.

Qual: B

- A degree from an accredited four-year college or university in psychology or a counseling-related field, plus completion of coursework in test interpretation, psychometrics and measurement theory, educational statistics, or a closely related area;
- OR license or certification from an agency/organization that requires appropriate training and experience in the ethical and competent use of psychological tests.

Qual: C

- All Level B qualifications, plus an advanced professional degree that provides appropriate training in the administration and interpretation of psychological tests;
- OR license or certification from an agency that requires appropriate training and experience in the ethical and competent use of psychological tests.

Qual: S

- A degree, certificate, or license to practice in a physical or mental health care profession or occupation, plus training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.

Certain health care providers may be eligible to purchase selected B and C level instruments within their area of expertise. Specifically, relevant supervised clinical experience using tests (i.e., internship, residency) in combination with formal coursework (i.e., tests and measurement, individual assessment, or equivalent) qualifies a health care provider to purchase certain restricted products.

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

PAR Customer Qualification Form

Customer Information

Dr. Mr. First name _____ Last name _____
 Ms. Mrs. _____
Customer no. _____ Email address _____

I would like to order via your website. Please send me instructions.

Yes No (If yes, email address required above.)

Mailing address

Phone (_____) _____
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 _____