



# Examiner Information Form

Please write your full and complete mailing address. Abbreviations in the address can lead to shipping difficulties with test kits and supplies. We also cannot accept P.O. box addresses. Thank you for your cooperation. We will use this information to update our records.

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of school district or facility: \_\_\_\_\_

Business address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Profession: \_\_\_\_\_ Your degree/credentials for use in manuals: \_\_\_\_\_

Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Fax number: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Secondary e-mail address: \_\_\_\_\_

1. Which age group(s) do you have access to and are you able to test?

- 3-5
- 6-12
- 13-18
- 19-60
- 61-95

2. Please indicate any clinical category(ies) you are able to test.

- |   |  |
|---|--|
| <input type="checkbox"/> Specific learning disability | <input type="checkbox"/> Delinquent                |
| <input type="checkbox"/> Speech/language impairment   | <input type="checkbox"/> TBI                       |
| <input type="checkbox"/> Mental retardation           | <input type="checkbox"/> Hearing impaired children |
| <input type="checkbox"/> ADHD                         | <input type="checkbox"/> Dementia                  |
| <input type="checkbox"/> Autism spectrum              | <input type="checkbox"/> Other _____               |
| <input type="checkbox"/> Emotional disturbance        |  |

3. Please indicate any reliability samples you are able to test.

- Test-retest
- Interrater

4. Test administration qualifications (list the tests you administer on a regular basis).

## Psychological Assessment Resources, Inc. (PAR, Inc.) Nondisclosure Agreement

It is agreed between Psychological Assessment Resources, Inc. (PAR, Inc.) and \_\_\_\_\_  
(hereafter referred to as "I" or "me") as follows:

### 1. Data Collection/Examiner

PAR, Inc. has invited me to serve as an examiner for PAR data collection. This may last for the duration of the development period and may be terminated at any time by either party. Any and all results of my involvement in the development of any PAR product is considered proprietary information, as defined below, and PAR, Inc. retains the copyright to this information. In determining my willingness to participate, I may be presented with proprietary information, such as, but not limited to, a description of the work and software development specifics. Should I decide to participate, I acknowledge that I may be exposed to, or have possession and/or knowledge of, PAR, Inc. proprietary information of a technical or non-technical nature. At the end of the project, the data collector/examiner agrees to return any test materials and unused protocols to PAR, Inc.

### 2. Definition of Proprietary Information

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### 3. Proprietary Information to Be Kept In Confidence

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I understand and agree to all aspects of the above agreement:

\_\_\_\_\_  
Name Date

*Melissa A. Messer*  
\_\_\_\_\_  
Melissa A. Messer, MHS  
Director of Product Development

\_\_\_\_\_  
Date

*Kathryn Stubleski*  
\_\_\_\_\_  
Kathryn Stubleski, MS  
Senior Research Assistant

\_\_\_\_\_  
Date