

Ordering Information

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SHIPPING TIME

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the U.S. Virgin Islands must be prepaid. Shipping and handling charges to Canada include the broker fees.

RETURN POLICY

All returns must be in resalable condition. Returns should be sent via traceable package service to PAR, Inc., 16130 N. Florida Ave., Lutz, FL 33549.

Print: PAR accepts the return of any item purchased. For full invoice credit (less any expedited shipping charges), return the item, with your invoice, within 45 days of purchase. After 45 days, shipping and handling on the invoice will not be refunded. Returns after one year require prior authorization and are subject to a 20% restocking fee, except for bookstore returns, which require authorization after 6 months and are subject to a 20% restocking fee. PAR also reserves the right to assess a restocking charge for quantity item returns.

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Digital products: PAR cannot accept the return of e-manuals or digital stimulus books.

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PAR respects your privacy. The information you provide will never be rented or sold. PAR will use the contact information you provide for internal purposes, such as confirming and tracking your order; subscription or registration; analyzing preferences, trends, and statistics; and informing you of our new products, services, and offers. We also may disclose information to outside companies that help us bring you the products and services we offer. For example, we may work with an outside company to (a) manage our database of customer information, (b) assist us in distributing e-mails, (c) assist us with direct marketing and data collection, (d) provide storage and analysis, (e) provide fraud prevention, and (f) perform other services designed to assist us in maximizing our business potential. We require that these outside companies agree to keep confidential all information we share with them and to use the information only to perform duties specified in our agreements with them.

If you prefer not to have your information shared with these organizations, contact us by telephone at 1.800.331.8378, by e-mail at custsup@parinc.com, or by written notice to PAR, Inc., 16204 N. Florida Ave., Lutz, FL 33549.

If you would like to opt out of PAR direct mail advertising, please send your complete name and address indicating your desire to opt out to PAR, Inc., 16204 N. Florida Ave., Lutz, FL 33549.

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Convenient Ways to Order

Call toll-free 1.800.331.8378
Monday–Friday 8 a.m.–6:30 p.m., ET
(U.S., Puerto Rico, U.S. Virgin Islands, and Canada).
UK: 0800 092 3005;
Sweden: 020-79 26 48;
Australia: 1800 101 607.
All others: Dial your International Access Code followed by 813.449.4065.

Fax toll-free 1.800.727.9329
24 hours a day • 7 days a week
(U.S., Puerto Rico, U.S. Virgin Islands, and Canada).
All other locations: Dial your International Access Code followed by **813.961.2196**.

Mail your order

PAR, Inc.
16204 N. Florida Ave.
Lutz, FL 33549

Secure online ordering

parinc.com
24 hours a day • 7 days a week

**Orders placed Monday–Friday
by 6 p.m. ET will ship the
same day (except holidays).**

**Please have your
Customer Number* and credit
card available when ordering.**

*Your Customer Number appears on the back of your catalog, on invoices, and on shipping lists (under "Bill To").

PAR No-Risk Guarantee

"If, for any reason, you are not completely satisfied with your purchase, you can simply return it—no questions asked."



Kristin Greco, MBA, CEO

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 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.

PAR 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

Phone (____) _____

Organization name _____

Street address _____ Suite/Apt. _____

City _____ State/Province _____

ZIP/Postal code _____ Country _____

Educational background

Highest degree attained _____ Year degree completed _____

Majorfield _____

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 fax (1.800.727.9329 or 1.813.961.2196) or mail (PAR, Inc., 16204 N. Florida Ave., Lutz, FL 33549).