

# Qualification for Test Purchase

The tests published and distributed by **Hogrefe Publishing** are carefully developed assessment devices that require specialized training to ensure their appropriate professional use. Eligibility to purchase these tests is therefore restricted to individuals with specific training and experience in a relevant area of assessment. These standards are consistent with the 1985 **Standards for Educational and Psychological Testing** and with the professional and ethical standards of a variety of professional organizations. These organizations whose members use tests are diverse but include the **American Association for Counseling and Development (AACD)**, the **American Educational Research Association (AERA)**, the **American Occupational Therapy Association (AOTA)**, the **American Psychological Association (APA)**, the **American Psychiatric Association (APA)**, the **American Speech-Language-Hearing Association (ASHA)**, the **Council for Exceptional Children (CEC)**, the **International Personnel Management Association (IPMA)**, the **National Association of School Psychologists (NASP)**, and the **National Council of Measurement in Education (NCME)**.

The Seller reserves the right to require additional evidence of the Purchaser's qualifications and has the sole right to determine whether a Purchaser is qualified. In addition, the Seller retains the right to withhold or withdraw approval for test purchase where there is evidence of violation of commonly accepted testing practices or conditions of sale. No tests are sold for self-guidance, nor to any individual or organization engaged in testing and counselling by mail. Test users agree to guard against improper use of tests. To protect their value, tests and scoring keys must be kept in locked files or storage cabinets accessible only to authorized personnel.

The following Purchasers qualify: (1) members of qualified professional organizations; and (2) individuals who qualify on the basis of professional licensure or certification. All individuals who may qualify based upon their experience and educational background and/or are under the supervision of a qualified professional must submit the attached Registration Form outlining their qualifications to the Seller. If the Registration Form has been submitted within the last two years, a resubmission with a new purchase is not required.

# Registration Form for Test Purchase

Name \_\_\_\_\_ Title \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State / Zip \_\_\_\_\_  
E-mail \_\_\_\_\_ Phone \_\_\_\_\_

### Type of Organization

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Business          | <input type="checkbox"/> College/University          | <input type="checkbox"/> Medical Faculty  |
| <input type="checkbox"/> Social Agency     | <input type="checkbox"/> Clinic or Counseling Center | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Public/Private School       | <input type="checkbox"/> Other            |

### Educational Background

Degree	Major Field	College/University	Year
_____	_____	_____	_____
_____	_____	_____	_____

### Licenses/Credentials/Certificates

Certificate or License/Certifying or Licensing Agency	Number	Expiration Date
_____	_____	_____
_____	_____	_____

### Membership in Professional Organizations

Dates	Organization	Position	Tests Used
_____	_____	_____	_____
_____	_____	_____	_____

### Workshops/Continuing Education/Supervised Training (For authorization all students require the signature of their supervisor!)

Course title \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Signature \_\_\_\_\_  
Credentials/Affiliation \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

I certify that the above information is complete and accurate to the best of my knowledge, and that all test materials purchased from Hogrefe Publishing will be used in accordance with generally accepted standards for the ethical and professional use of tests.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete this form and return as a scan by email to [customerservice@hogrefe.com](mailto:customerservice@hogrefe.com)

### Distribution

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