

Qualification for Test Purchase

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Therefore, Hogrefe Publishing reserves the right to require additional evidence of a purchaser's qualifications and has the sole right to determine whether a purchaser is qualified. In addition, Hogrefe Publishing 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 counseling by mail. Purchasers agree to guard against improper use of tests and to protect their value, tests and scoring keys must be kept in locked files or storage cabinets only accessible by authorized personnel. Hogrefe Publishing will not be held responsible for the consequences of incorrect or inappropriate use of any product by unqualified users.

The following purchasers can qualify: (1) members of qualified professional organizations, such as but not limited to AERA, APA, NASP, NCME and SIOP; and (2) individuals who qualify on the basis of professional licensure or certification. Other individuals may qualify based upon their experience and educational background and/or who are under the supervision of a qualified professional, but they must submit the attached Registration Form outlining their qualifications for review. 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

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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 in addition to the qualification and experience listed above, I have an understanding of measurement principles and ethical test use and interpretation to administer and interpret the product(s) I wish to purchase. I assume full responsibility for the proper professional use of all materials I purchase from Hogrefe Publishing and certify they will be used in accordance with the current 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

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