

# Application to Purchase and Use Assessment Materials

This form must be completed by individuals who wish to purchase psychological or educational tests and related materials. It must also be signed by the person who will assume overall professional responsibility for the use of such tests and interpretation of results. Please type or print clearly.



## A General information

Name: \_\_\_\_\_ Professional title: \_\_\_\_\_

Address:  Organization  Residence

Organization name (if applicable): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_

Daytime telephone no: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Check all that apply:

I plan to order materials for myself.

I plan to order materials on behalf of an organization\* (private or public school system; hospital, clinic, or counseling center; university or college; government or social agency).

\*To purchase WPS materials, the organization must have qualified professionals on staff who will oversee the use of these materials.

## B Professional qualifications

Highest professional degree (select one):

- Doctoral (DSW, EdD, MD, PhD, PsyD)
- Master's (EDW, MWS, MS, MA)
- Bachelor's (BS, BA)
- Associate's (AS, AA)
- No College Degree

Major field (select one):

- Adult Clinical Psychology
- Child Clinical Psychology
- Counseling
- Forensic Psychology
- Medicine
- Neuropsychology
- Occupational Therapy (OT)
- Psychiatry
- School Psychology
- Speech–Language Pathology (SLP)
- Mental Health Profession
- Other\* \_\_\_\_\_

\*My profession is outside the fields of psychology, education, or health care.

College/University: \_\_\_\_\_ Year received: \_\_\_\_\_

Are you licensed and/or certified in this profession?  Yes  No

If yes, complete the following:

License/Certificate: \_\_\_\_\_ Certifying or licensing agency: \_\_\_\_\_

License number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Do you have specialized training in neuropsychological assessments?  Yes  No

If you do not hold a degree(s) or license(s) that require(s) specialized training in the use of tests similar to those you wish to purchase, please indicate any additional coursework, supervised training, or experience you have with tests similar to those you wish to purchase:

\_\_\_\_\_  
\_\_\_\_\_

## C Type of materials to be purchased

What specific products do you plan to purchase? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## D Signature

I certify that the above information is complete and accurate to the best of my knowledge. I agree to supervise the use of all test materials purchased from Western Psychological Services and to adhere to the professional and ethical standards of the American Psychological Association. I also agree to recognize all copyrights and will not reproduce or cause to be reproduced in any form whatsoever, including but not limited to electronic or computer applications, for any purpose any materials protected by copyright. I have read and agree to the foregoing statements.

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

## E Use under supervision

Your supervisor should complete this section if you are a student using materials for coursework or research or if you are personally purchasing the materials but require supervision for their use.

I certify that (a) I will supervise this individual's use of any test materials purchased from Western Psychological Services in accordance with the American Psychological Association's "Ethical Principles of Psychologists" and that (b) I am qualified to do so.

Supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Highest professional degree: \_\_\_\_\_

Licenses and certifications: \_\_\_\_\_