

PAR Customer Qualification Form for Medical and Allied Health Professionals

Please print out and complete all areas of this form, then mail or fax to:
PAR Customer Support, 16204 N. Florida Avenue, Lutz, FL 33549 • Fax 1.800.727.9329 (U.S. & Canada) or 813.968.2598.

Customer Information

Name _____

Job Title _____

Business Address

Organization Name _____

Address _____ Suite/Apt. _____
(street address)

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone (_____) _____

E-mail _____

Educational Background

Highest Degree Attained _____ Year Degree Completed _____

Major Field _____

Institution _____

Professional Credentials

Certificate/License (type) _____

Certifying or Licensing Agency _____

Certificate/License Number _____

Expiration Date _____

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 appropriately trained to administer, score, and interpret psychological tests. Eligibility to purchase restricted materials is determined on the basis of training, education, and experience.

Qualification Level: S: A degree, certificate, or license to practice in a health care profession or occupation, including (but not limited to) the following: clinical psychology, medicine, neurology, neuropsychology, nursing, occupational therapy and other allied health care professions, physicians' assistant, psychiatry, school psychology, social work, speech-language pathology; **plus** appropriate training and experience in the ethical administration, scoring, and interpretation of clinical behavioral assessment instruments.

I certify that all information reported on 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 also 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.

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 _____ Dept. _____

Institution _____

Professor's Signature **X** _____ Date _____