

## Customer Qualification Levels

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 Qualification Level with PAR, please complete the form and send it with your first order.

### Qualification Level: A

- No special qualifications required.

### Qualification Level: B

- A degree from an accredited 4-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.

### Qualification Level: 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.

### Qualification Level: 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 No-Risk Guarantee

*"If you are not completely satisfied with your purchase, we will accept the return of any item."*



R. Bob Smith III, PhD, Chairman and CEO

## PAR Customer Qualification Form

### Customer Information

Dr.  Mr. First name \_\_\_\_\_ Last name \_\_\_\_\_  
 Ms.  Mrs. name \_\_\_\_\_

Customer no. \_\_\_\_\_ E-mail address \_\_\_\_\_

**I would like to order via your Web site. Please send me a temporary password.**

Yes  No (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 \_\_\_\_\_

Major field \_\_\_\_\_

Institution \_\_\_\_\_

### Please 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, please 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

Please 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 \_\_\_\_\_  G  U

Institution \_\_\_\_\_

Title \_\_\_\_\_  G  U

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 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 \_\_\_\_\_

Department \_\_\_\_\_

Institution \_\_\_\_\_

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

Completed Qualification Forms may be submitted via fax (1.800.727.9329 or 1.813.968.2598) or mail (PAR, Inc., 16204 N. Florida Ave., Lutz, FL 33549).