

Application to Purchase 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: _____ Email 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):

- Doctorate
- Master's (EdW, MSW, MS, MA)
- Bachelor's (BS, BA)
- Associates
- No college degree

Major field (select one):

- Applied Behavior Analysis (ABA; BABC)
- Clinical Psychology
- Counseling
- Educational Diagnostician/Psychometrist
- Medicine
- Neuropsychology
- Occupational Therapy
- Physical Therapy
- Psychiatry
- School Psychology
- Social Work
- Speech–Language Pathology/Audiology
- Teaching
- 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: _____