

## Q-interactive Experiential Training License Order Form

Before completing order please make sure that you are a TPP member\*. This form is intended for training outside of the typical classroom setting (e.g., internship sites, university program training clinics, etc.) Once qualified as a Training Partner, the Site Training or Internship Director should complete this form to arrange for access to the Q-interactive system for their trainees and supervisors while they are engaged in training-related activities at the site. Once your order is processed, your trainees and supervisors will receive a free training license to Q-interactive with access to Q-interactive assessment content (subtests) at a 40% discount. Eligibility and coverage under this license is strictly for training purposes. Individuals completing assessments as part of non-training related activities are expected to be covered by the site's "service" (business) license, not the training license.

**\* Become a TPP member by completing the form at the Training Partner Program website at [www.Pearsonclinical.com/TPP](http://www.Pearsonclinical.com/TPP)**

Please complete this form in its entirety and fax to: 1-800-232-1223 Attn: TPP Team or email to [clinicalcustomersupport@pearson.com](mailto:clinicalcustomersupport@pearson.com)

Supervisor/Trainee Information			
Is this a renewal of a current Experiential Training License?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Training/Internship Director's Name:			
Title:			
Organization:			
Training Activities Materials will be used in:			
Program Dates:	Start:	License Valid 1 year from Start Date	
Director's Email Address:			
Billing Information			
Billing Contact: (If different from Training Director)			
Address:			
City, State, Zip:			
Phone:			
Fax:			
Billing Email:			
Q-interactive Licenses			
QTY	Description/ISBN/Product Number	List Price	Total
	Q-interactive Supervisor's License - QNTRSUPRLIC	NO COST	\$0.00
	Q-interactive Trainee License - QNTRNTRNLIC	NO COST	\$0.00
		TOTAL	\$0.00
I am requesting access to:	<input type="checkbox"/> Cognitive Assessments (e.g., WISC, WAIS, DKEFS)	<input type="checkbox"/> Academic Assessments (e.g., KTEA, WIAT)	<input type="checkbox"/> Speech & Language Assessments (e.g., CELF, GFTA, KLPA)
Q-interactive Subtests			
QTY	Description/ISBN/Product Number	Usage Totals	
	Estimated number of annual academic subtests to be administered		
	Estimated number of annual comprehensive subtests to be administered		
	Estimated number of large, single assessments to be administered		
<b>Academic Assessments:</b> WIAT, KTEA	<b>Total Number of Subtests (QNTREXPSITELIC)</b>	<b>Price per Subtest</b>	
<b>Comprehensive Assessments:</b> WISC, WAIS, WMS, DKEFS, CELF, NEPSY, CMS, KLPA		<b>Subtest Subtotal</b>	
<b>Large Single Assessments:</b> GFTA, PPVT, CVLT		<b>40% TPP Discount</b>	
		<b>Licenses Total (Above)</b>	
		<b>TOTAL</b>	
Payment Information			
<input type="checkbox"/> Purchase Order # _____			
<input type="checkbox"/> Check enclosed payable to NCS Pearson, Inc.      Check # _____      Amount \$ _____			
<input type="checkbox"/> Charge <i>Please Provide a phone number where a TPP Team member can contact you to obtain credit card information</i>			
Phone Number: _____      Best Time to Call: _____			

