# TPP Roster Submittal Form
## Clinical Assessment Class Packs

If you are an approved TPP member teaching Clinical Assessment in your program and would like your students to have access to a suite of assessment tools, please complete this form. Please note, this form is only to be used by TPP members. To apply to become a TPP member please visit www.pearsonclinical.com/TPP and fill out the membership application

**Please fill out this form in its entirety and fax to 1-800-232-1223 Attn: TPP Team or email to clinicalcustomersupport@pearson.com**

**Once this form is submitted and approved, class pack materials will be available in your Q-global account in 3-5 days.**

| Professor/Class Information | |
|---|---|
| Professor's Name: | |
| University: | |
| Department/Program: | |
| Course(s) Material will be used in: | |
| Year/Semester: | |
| Phone Number: | |
| Email Address: | |
| Q-global Account #: | |

**Products Requested**

Please list the quantity of class packs needed for your class along with your student roster.

| Qty | ISBN/Product Number: | Description: | List Price: |
|---|---|---|---|
| | QG-015-0019-270 | Q-global TPP Adult Class Pack | No Charge |
| | QG-015-0019-289 | Q-global TPP Adolescent Class Pack | No Charge |

**Student Roster**

| | |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

**Terms & Conditions**

☐ I certify that the students listed above will be using these materials under my supervision and for educational purposes only as outlined in the TPP Terms & Conditions

Signature: _____ Date: _____