If you are submitting a purchase order, please attach it to this completed form.

1 New Administrator
Account Owner Name ____________________________________________________________
Account Owner E-Mail address ____________________________________________________
Account Owner Phone ( ) _____________________________________________________________________

2 Activate and Ship to
Name ___________________________________________________________________________
Title _____________________________________________________________________________
Organization ______________________________________________________________________
Street __________________________________________________________________________
City __________________ State ______ Zip __________
Phone ( ) __________________________________________________________________________
Fax ( ) __________________________________________________________________________
Email ____________________________________________________________________________

Bill to (if different)
Name ____________________________________________________________________________
Title _____________________________________________________________________________
Organization ______________________________________________________________________
Street __________________________________________________________________________
City __________________ State ______ Zip __________
Phone ( ) __________________________________________________________________________
Fax ( ) __________________________________________________________________________
Email ____________________________________________________________________________

3 Dybuster Licenses

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*Prices are valid in the U.S. through Dec 31, 2017 and are subject to change without notice

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Tests may be purchased by individuals with:
• A master’s degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

OR
• Certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEC, NBCC) that requires training and experience in the relevant area of assessment.

OR
• A degree or license to practice in the healthcare or allied healthcare field.

OR
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OR
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User Acceptance Form
*Name

*Organization Name ____________________________

*Telephone ____________________________ *Fax ____________________________

*E-mail ____________________________

*Address ____________________________ *State ______ *Zip ______ *Country ______

1. Professional *Title

☐ Audiologist

☐ Consultant/Specialist-Education

☐ Counselor-Family/Mental Health/Substance Abuse

☐ Counselor-Vocational/Academic

☐ Director-Clinical Training

☐ Early Childhood Professional

☐ Education Professional

☐ Educational Diagnostician

☐ Human Resources Professional

☐ Nurse

☐ Occupational Therapist

☐ Physical Therapist

☐ Physician

☐ Principal

☐ Professor

☐ Psychiatrist

Psychologist-Industrial/Occupational

Psychologist-Neuro

Psychologist-School

Psychometrist

Public Safety Official

School Social Worker

Social Worker

Special Education Professional

Speech Language Pathologist

Student/Intern

Teacher

Testing Coordinator

Training Development Professional

Other:

2. Primary Work Setting:

Education:

☐ Public School

☐ Private School

☐ Post-Secondary 4-year

☐ Post-Secondary 2-year

☐ Technical/Vocational College

☐ Head Start

☐ Daycare/Preschool

☐ Other:

Govt:

☐ Corrections

☐ Public Safety/High-Risk

☐ Military/VA

☐ CMHC

☐ Federal/State/Local Org

☐ Other (please specify) ____________________________

3. Highest professional degree attained:

*Degree ____________________________ *Major Field ____________________________ *Year ____________________________

*Institution ____________________________

4. Course work completed in Tests and Measurement: yes or no

☐ Yes ____________________________ *Course ____________________________

☐ Institution ____________________________

☐ Graduate level ____________________________

☐ Undergraduate level ____________________________

5. Valid license or certificate issued by a state regulatory board:

*Certificate/License Type ____________________________ *Number ____________________________

*Certifying or Licensing Agency ____________________________

*State ____________________________ *Expiration Date ____________________________

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☐ ASHA  ☐ AOTA  ☐ APA  ☐ AERA  ☐ ACA  ☐ AMA  ☐ NASP  ☐ NAN  ☐ INS  ☐ CEC  ☐ AEA  ☐ AAA  ☐ EAA  ☐ NAEC  ☐ NBCC  ☐ OTHER ____________________________

Member No. ____________________________ Member Type ____________________________

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Last updated: December 21, 2016