

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 () _____

Phone: 1.888.988.8048
Fax: 1.888.200.4880
Email: Dybusterinfo@pearson.com

2 Contact Information

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

SCHOOL LICENSES				
Introductory Single Licenses	ISBN	Price	Select Quantity	Sub-Total
DYBUSTER CALCULARIS SINGLE LICENSE	0150018592	\$75.00		
DYBUSTER CALCULARIS LICENSE PACK (10 Licenses)	0150018584	\$750.00		
Renewal Single Licenses				
DYBUSTER CALCULARIS SINGLE LICENSE RENEW	0150018649	\$75.00		
Introductory Site Licenses				
DYBUSTER CALCULARIS SITE LICENSE	0150018657	\$1,950.00		
Renewal Site Licenses				
DYBUSTER CALCULARIS SITE LICENSE RENEW	0150018673	\$1,950.00		
Home Licenses (No qualification form required)				
DYBUSTER CALCULARIS HOME LICENSE*	0150020635	\$75.00		
DYBUSTER CALCULARIS HOME LICENSE RENEW*	0150020643	\$75.00		
* <input type="checkbox"/> For Dybuster Calcularis Home Customers, please provide 2 options for a username for the end user: _____				
* <input type="checkbox"/> By checking this box, I permit my child's specialist _____ (name) to be added as a parent/admin for the purpose of working with my child. Specialist Contact Email: _____				

Prices are valid in the U.S. through Dec 31, 2018 and are subject to change without notice

Check box if interested in learning about training options for Dybuster products distributed by Pearson.

Subtotal \$ _____
 Add your State and Local Tax \$ _____
Total \$ _____

4 Payment

Pearson only accepts credit card payments through its e-commerce portal, call center and remote call centers at selected Events. Credit Card information is not accepted via fax, email, or mail to protect your personal information. Purchase requires acceptance of an End User License Agreement (see back). Please include this form with your signed P.O. when emailing or faxing your order. If you are a first time user or purchaser of Pearson, please fill out the User Acceptance Form on the back this page.

5 Authorization

I authorize Pearson to ship this order and agree to the terms set forth on the Pearson website, including the terms of the User Acceptance Form, the Terms & Conditions and the Returns Policy at PearsonClinical.com.

Signature _____
 Title _____ Date _____

Qualifications Policy

Please establish your qualification level for this and future purchases by completing the User Acceptance Form. For faster service, fax form to 800.232.1223, or send this form along with your order. You may also complete the form online at PearsonClinical.com.

Pearson is committed to maintaining professional standards in testing as presented in the *Standards for Educational and Psychological Testing* published by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME). A central principle of professional test use is that individuals should use only those tests for which they have the appropriate training and expertise. Pearson supports this principle by stating qualifications for the use of particular tests, and selling tests to individuals who provide credentials that meet those qualifications. The policies that Pearson uses to comply with professional testing practices are described below.

The "User" is the individual who assumes responsibility for all aspects of appropriate test use, including administration, scoring, interpretation, and application of results. Some tests may be administered or scored by individuals with less training, as long as they are under the supervision of a qualified User.

Each test manual will provide additional detail on administration, scoring and/or interpretation requirements and options for the particular test.

We accept orders from individuals when a User Acceptance Form has been submitted and accepted. All tests are classified by a User qualification code. See the specific test descriptions in the catalog or on the Web for these qualification levels.

QUALIFICATION LEVEL A:

There are no special qualifications to purchase these products.

QUALIFICATION LEVEL B:

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, NAEYC, 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

- Formal, supervised mental health, speech/language, and/or educational training specific to assessing children, or in infant and child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

QUALIFICATION LEVEL C:

Tests with a C qualification require a high level of expertise in test interpretation, and can be purchased by individuals with:

- A doctorate degree in psychology, education, or closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.

OR

- License or certification to practice in your state in a field related to the purchase.

OR

- Certification by or full active membership in a professional organization (such as APA, NASP, NAN, INS) that requires training and experience in the relevant area of assessment.

We are committed to supporting the professional standards of our clients, the integrity of our respected assessments, and the ethical obligations outlined by the American Psychological Association.

User Acceptance Form

*Name _____

*Organization Name _____

*Telephone _____ *Fax _____

*E-mail _____

*Address _____

*City _____ *State _____ *Zip _____ *Country _____

1. Professional *Title

- | | |
|-------------------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Psychologist—Clinical |
| <input type="checkbox"/> Consultant/Specialist—Education | <input type="checkbox"/> Psychologist—Forensic |
| <input type="checkbox"/> Counselor—Family/Mental Health/Substance Abuse | <input type="checkbox"/> Psychologist—Industrial/Occupational |
| <input type="checkbox"/> Counselor—Vocational/Academic | <input type="checkbox"/> Psychologist—Neuro |
| <input type="checkbox"/> Director—Clinical Training | <input type="checkbox"/> Psychologist—School |
| <input type="checkbox"/> Early Childhood Professional | <input type="checkbox"/> Psychometrist |
| <input type="checkbox"/> Education Professional | <input type="checkbox"/> Public Safety Official |
| <input type="checkbox"/> Educational Diagnostician | <input type="checkbox"/> School Social Worker |
| <input type="checkbox"/> Human Resources Professional | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Special Education Professional |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Speech Language Pathologist |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Student/Intern |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Testing Coordinator |
| <input type="checkbox"/> Professor | <input type="checkbox"/> Training Development Professional |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> 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: _____

Government

- 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

If yes *Date _____ *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 _____

6. Full and Active Membership in Professional Organization(s) Status:

- ASHA AOTA APA AERA ACA AMA NASP NAN INS CEC AEA AAA EAA NAEYC NBCC OTHER _____

Member No. _____ Member Type _____

I agree that:

- I agree to update the information upon request.
- I am qualified to properly use any Pearson Products I order, and I have provided Pearson with only accurate and true qualification information.
- Any Pearson Products purchased under my account will be used by me and/or under my supervision.
- Any Pearson Products purchased under my account will be used in accordance with all applicable legal and ethical guidelines.
- I have read and hereby agree to Pearson's Terms and Conditions of Sale and Use of Pearson Products to all orders for my account and will abide by the Pearson Terms and Conditions and Qualification Policies (as may be modified or amended at PearsonClinical.com). I agree I will not resell any Pearson Products.
- I understand that violation of any Pearson's Terms and Conditions of Sale and Use may result in the revocation of my right to purchase as a qualified customer. If there are any changes that may affect my qualification to purchase, I will immediately notify Pearson of such changes.

*Signature _____ *Date _____

* Required fields



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Please note that Pearson may restrict the sale of certain test materials within specific geographic regions because of various contractual arrangements or governmental restrictions. If the Product(s) have been rightfully obtained within the United States, Customer warrants and represents that neither the products nor any technical data received by the Customer from Pearson will be exported outside of the United States, except as authorized by the laws and regulations of the United States.

4. Risk of Loss and Returns

Shipping within the USA is FOB Destination with freight from Pearson's warehouse charged to Customer. Returns are to be made in accordance with the Returns Policy.

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6. Use of Product

Customer agrees that it is Customer's responsibility to use any Products in accordance with Pearson's Qualification Policies & User Acceptance Form and applicable professional guidelines. Customer understands and agrees that the Products are intended to be used as tools in the overall assessment process, are not to be used for self-guidance, and

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Customer acknowledges and agrees that the use or disclosure of Pearson trade secrets or confidential information may cause Pearson irreparable harm for which remedies other than injunctive relief may be inadequate. If Customer is required to disclose secure test materials pursuant to a subpoena or court order, please refer to Pearson's Legal Policies at pearsonclinical.com/legal.html.

8. Test Security

Customer agrees to comply with the following basic principles of minimum test security:

- Test takers must not be coached using the test or receive test answers before beginning the test.
- Test materials (text, graphic images, or the oral reading of items) may not be displayed, reproduced, or performed (e.g., filming an administration) in any manner, electronically or otherwise, including posting on any mass media or social media site, without the prior written permission of Pearson.
- Access to test materials must be limited to qualified persons with a responsible, professional interest who agree to safeguard their use.
- Test materials and scores may be released only to persons qualified to interpret and use them properly.
- If a test taker or the parent of a minor child who has taken a test wishes to examine test responses or results, the parent or test taker may be permitted to review the test and the test answers in the presence of a representative of the school, college, or institution that administered the test.
- Test materials must not be resold, re-licensed, transferred, or otherwise redistributed for any purpose without prior written permission from Pearson.

9. Indemnification

To the extent permitted by law, Customer agrees to hold harmless, indemnify, and defend Pearson from and against any and all claims, charges, demands, damages, liabilities, losses, expenses, and liabilities of whatever nature and howsoever arising (including but not limited to any legal or other professional fees

and the costs of defending or prosecuting any claim and any loss of profit, goodwill, and any other direct or consequential loss) incurred or suffered by Pearson directly or indirectly by reason of any act or omission that the Customer commits in breach of these Ts & Cs and the obligations and warranties contained therein.

10. Requests for Permission to License Pearson Intellectual Property

Requests to reproduce, translate, modify, or adapt any Pearson Product must be submitted in writing and directed to: Intellectual Property Licensing by email at pas.licensing@pearson.com.

11. Payment

Pearson will invoice institutional Customers if orders are received on official purchase orders with tax exempt certificate on file at Pearson (if applicable). All invoices are payable net 30 days. Payment must accompany other orders. Pearson accepts payment by check or money order; Credit cards (Visa, MasterCard, American Express, or Discover) are accepted for online or phone orders only. Credit cards are not accepted with email, fax, or mail orders in order to protect customer privacy. Prepayment is required for all new accounts. Charges not paid when due are subject to a late charge accruing from the due date of 1-1/2% per month or the maximum permitted by law, whichever is less. Customer is responsible for any reasonable attorney or collection fees incurred by Pearson in collecting charges not paid when due. Payment must be made in U.S. dollars. Customer is responsible for all taxes and tariffs related to intercountry shipments. Pearson will collect and report state and local taxes applicable to the Customer's shipping address.

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- "Other Publisher's Products" means assessment instrument(s) and/or material(s) (including but not limited to software, administration and user reference materials, manipulatives, reports, and service) not published by Pearson.
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- "Customer" means the purchaser and qualified User of a Product.
- "Website" means PearsonAssessments.com, PearsonClinical.com, and/or Pearsonassess.com
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