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. **Contact Information**

Name ____________________________________________________________
Title _______________________________________________________________________
Organization _________________________________________________________________
Street _______________________________________________________________________
City __________________________________________ State _______ Zip ________________
Phone (                ) ___________________________________________________________
Fax (                ) _____________________________________________________________
Email _______________________________________________________________________

3. **Dybuster Licenses**

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*□ For Dybuster Calcularis Home Customers, please provide 2 options for a username for the end user:

______________________________________________________________________________

______________________________________________________________________________

*□ By checking this box, I permit my child's specialist ___________________________ 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.

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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 ___________________________ Date ___________________________

Title ___________________________
QUALIFICATIONS & USER ACCEPTANCE FORM

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 (NCTME). 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, AMI, CEQ, 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
- 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
- Licensure 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
   - 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

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: ______________________________
   - Federal/State/Local Org
   - Other (please specify): __________________________

3. Highest professional degree attained:
   - *Degree ___________________________
   - *Major Field ___________________________
   - *Institution ___________________________
   - *Year ___________________________

4. Course work completed in Tests and Measurement: yes or no
   - If yes, *Date ___________________________
   - *Institution ___________________________
   - *Course ___________________________
   - *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
   - ✔ NIAN
   - ✔ INS
   - ✔ CEC
   - ✔ AEA
   - ✔ AAA
   - ✔ EAA
   - ✔ NAEC
   - ✔ NBCC
   - ✔ OTHER ___________________________

Member No. ___________________________

I agree that:
- I agree to update the information upon request.
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* Required fields

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- 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, computer, or social media sites.
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