Application to Purchase and Use Assessment Materials

This form must be completed by individuals who wish to purchase psychological or educational tests and related materials. It must also be signed by the person who will assume overall professional responsibility for the use of such tests and interpretation of results. Please type or print clearly.

A General information
Name: ___________________________ Professional title: ___________________________
Address: ___________________________ Organization name (if applicable): ___________________________
Organization name (if applicable): ___________________________ Street address: ___________________________
City: ___________________________ State/Province: ___________________________ ZIP/Postal code: ___________________________ Country: ___________________________
Daytime telephone no: ___________________________ E-mail address: ___________________________
Check all that apply:
□ I plan to order materials for myself.
□ I plan to order materials on behalf of an organization* (private or public school system; hospital, clinic, or counseling center; university or college; government or social agency).

*To purchase WPS materials, the organization must have qualified professionals on staff who will oversee the use of these materials.

B Professional qualifications
Highest professional degree (select one): ___________________________ Major field (select one): ___________________________
□ Doctoral (DSW, EdD, MD, PhD, PsyD) □ Adult Clinical Psychology □ Occupational Therapy (OT)
□ Master’s (EDW, MWS, MS, MA) □ Child Clinical Psychology □ Psychiatry
□ Bachelor’s (BS, BA) □ Counseling □ School Psychology
□ Associate’s (AS, AA) □ Forensic Psychology □ Speech–Language Pathology (SLP)
□ No College Degree □ Medicine □ Mental Health Profession
□ Other* □ Neuropsychology

College/University: ___________________________ Year received: ___________________________
Are you licensed and/or certified in this profession? □ Yes □ No
If yes, complete the following:
License/Certificate: ___________________________ Certifying or licensing agency: ___________________________
License number: ___________________________ Expiration date: ___________________________
Do you have specialized training in neuropsychological assessments? □ Yes □ No
If you do not hold a degree(s) or license(s) that require(s) specialized training in the use of tests similar to those you wish to purchase, please indicate any additional coursework, supervised training, or experience you have with tests similar to those you wish to purchase:
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

C Type of materials to be purchased
What specific products do you plan to purchase?
__________________________________________________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________________________________________________

D Signature
I certify that the above information is complete and accurate to the best of my knowledge. I agree to supervise the use of all test materials purchased from Western Psychological Services and to adhere to the professional and ethical standards of the American Psychological Association. I also agree to recognize all copyrights and will not reproduce or cause to be reproduced in any form whatsoever, including but not limited to electronic or computer applications, for any purpose any materials protected by copyright. I have read and agree to the foregoing statements.

Signature: ___________________________ Date: ___________________________

E Use under supervision
Your supervisor should complete this section if you are a student using materials for coursework or research or if you are personally purchasing the materials but require supervision for their use.
I certify that (a) I will supervise this individual’s use of any test materials purchased from Western Psychological Services in accordance with the American Psychological Association’s “Ethical Principles of Psychologists” and that (b) I am qualified to do so.

Supervisor’s signature: ___________________________ Date: ___________________________
Position: ___________________________ Highest professional degree: ___________________________
Licenses and certifications:
__________________________________________________________________________________________________________________________________________________________