

## 2018 Test Purchaser Qualification Form

Houghton Mifflin Harcourt requires all first-time test purchasers to furnish evidence of their qualifications to use tests. Test use should be consistent with sound professional practice, particularly those principles outlined in the 1999 APA, AERA, NCME publication, *Standards for Educational and Psychological Testing* and APA's guidelines for test user's qualifications, (2001), *American Psychologist*, 56, 1099–1113. Supply the information requested below, read carefully the "Principles of Effective Test Use," and sign the form to indicate acceptance of the responsibility for proper use of tests.

Identification Information (Please print or type and complete all blanks.)

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Sales Tax Exempt No. \_\_\_\_\_  
(Attach copy of certificate.)

### A. Evidence of Appropriate Training in the Use of Tests

1. Your level of training (Check as many as apply.)

<input type="checkbox"/> Bachelor's Degree	Year _____	Institution _____	Major field of study _____
<input type="checkbox"/> Master's Degree	Year _____	Institution _____	Major field of study _____
<input type="checkbox"/> Doctorate	Year _____	Institution _____	Major field of study _____

2. Your professional credentials (Check as many as apply.)

☐ Licensed/Certificate In: Area \_\_\_\_\_ State \_\_\_\_\_ Certifying or Licensing Agency \_\_\_\_\_  
License/Certification Expiration Date \_\_\_\_\_ License/Certificate Number \_\_\_\_\_  
☐ Member of professional organizations (Check all that apply.) ☐ ACA ☐ AERA ☐ AMA ☐ APA ☐ ASHA ☐ CEC ☐ NASP ☐ NCME ☐ Other \_\_\_\_\_  
Member Number: \_\_\_\_\_ Member Level: ☐ Fellow ☐ Associate ☐ Student ☐ Other \_\_\_\_\_  
☐ Formally recognized professional competence (fellow, diplomate, special certificate): ☐ Fellow ☐ Diplomate ☐ Other Certification  
Organization \_\_\_\_\_ Number \_\_\_\_\_ Date Issued \_\_\_\_\_ Expiration Date \_\_\_\_\_

3. Your educational background (courses and other study)

a. Courses (Check each course completed and check the level at which course was completed.)

U=Undergraduate, G=Graduate

<input type="checkbox"/> Basic tests and measurements	___ U ___ G	<input type="checkbox"/> Educational diagnostics	___ U ___ G
<input type="checkbox"/> Descriptive statistics	___ U ___ G	<input type="checkbox"/> Neuropsychological assessment	___ U ___ G
<input type="checkbox"/> Intelligence/cognitive testing	___ U ___ G	<input type="checkbox"/> Projective techniques	___ U ___ G
<input type="checkbox"/> Speech, hearing, language assessment	___ U ___ G	<input type="checkbox"/> Developmental milestone assessment	___ U ___ G
<input type="checkbox"/> Assessment course in major field:	___ U ___ G	<input type="checkbox"/> Other (list below)	___ U ___ G

(Check each type of program completed.)

☐ Practicum in test administration and interpretation  
☐ Internship (list type: school psychology, counseling, etc.) Type: \_\_\_\_\_ Level: ☐ Masters ☐ Doctorate

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## B. Evidence of Acceptance of the Responsibility for Sound Use of Tests

### Principles of Effective Test Use

Sound, professional use of educational and psychological tests means that all test users must:

1. Maintain the security of testing materials before and after testing;
2. Avoid labeling students based on a single test score;
3. Adhere strictly to the copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals;
4. Administer, score, interpret, and use tests exactly as specified in the manual; and
5. Release results only to authorized persons and in a form in keeping with accepted principles of test interpretation.

**I certify to Houghton Mifflin Harcourt that I am qualified to properly administer, score, and interpret the test materials I seek to purchase and provided HMH with true and accurate qualification information. HMH products purchased under my account will only be used by me and/or under my supervision. I assume full responsibility for the proper use of the testing material I order from HMH including use in accordance with all applicable legal and ethical guidelines. My signature indicates acceptance of and compliance with the above principles and that I have read the qualification criteria and will apply all terms and conditions to all orders.**

Signature \_\_\_\_\_ Date \_\_\_\_\_