

Test user qualification

Because of the sensitive nature of psychological testing and assessment materials, IPAT has established test user qualification guidelines that restrict the sale and distribution of our testing products. We will provide these instruments to professionals who provide us with credentials regarding licensure, education, training and experience, and/or affiliation that supports the professional's stated ability to use the materials for their intended purposes.

Name:	Job title:
-------	------------

Organization:

Address:

City:	State:	Zip:
-------	--------	------

Country:

Telephone:	Fax:
------------	------

E-mail:

Account type

- New Add me to existing account

IPAT account #

Assessment applications (check ALL areas in which you use assessments)

- | | |
|--|---|
| <input type="checkbox"/> Executive search | <input type="checkbox"/> Outplacement |
| <input type="checkbox"/> Executive coaching | <input type="checkbox"/> Public safety selection/Fitness for duty |
| <input type="checkbox"/> Employee selection | <input type="checkbox"/> Relationship and family counseling |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Clinical evaluations |
| <input type="checkbox"/> Employee development (non-management) | <input type="checkbox"/> Research |
| <input type="checkbox"/> Organizational development | <input type="checkbox"/> Other |
| <input type="checkbox"/> Career counseling | |

Work setting (check the ONE organization type that best describes where you work)

- | | |
|--|--|
| <input type="checkbox"/> Owner/Manager/Consultant in a consulting practice | <input type="checkbox"/> Correctional institution |
| <input type="checkbox"/> Business/Industry | <input type="checkbox"/> Military |
| <input type="checkbox"/> College/University | <input type="checkbox"/> Government |
| <input type="checkbox"/> Clinic/Hospital/Health care group | <input type="checkbox"/> Charitable/Religious organization |
| <input type="checkbox"/> Law enforcement agency | <input type="checkbox"/> Distributor/Publisher |
| | <input type="checkbox"/> Other |

Organization size

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> 1 - 5 | <input type="checkbox"/> 101 - 1,000 |
| <input type="checkbox"/> 6 - 10 | <input type="checkbox"/> 1,001 - 5,000 |
| <input type="checkbox"/> 11 - 100 | <input type="checkbox"/> 5001 or more |

Number of assessments you administer per year

- | | |
|------------------------------------|--|
| <input type="checkbox"/> 0 - 25 | <input type="checkbox"/> 251 - 500 |
| <input type="checkbox"/> 26 - 100 | <input type="checkbox"/> 501 - 1,000 |
| <input type="checkbox"/> 101 - 250 | <input type="checkbox"/> 1,001 or more |

Number of courses/professional development events you typically attend each year

- | | |
|--------------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 3 - 5 |
| <input type="checkbox"/> 1 - 2 | <input type="checkbox"/> 6 or more |

6. Professional licenses and certificates relevant to assessment and testing

Certificate/License number:

Title:

Agency:

State:

Expiration date:

I agree that:

- I have read and will abide by IPAT's Terms and Conditions.
- I reiterate that I am qualified to use properly the IPAT products that I order, and I have provided IPAT with only accurate and true qualification information.
- Any IPAT assessment products and services purchased under my account will be used in accordance with all applicable legal and ethical guidelines within my jurisdiction.
- My use of IPAT assessments within the Public Safety and Security sector will conform to IACP guidelines.

Signature

Date

ipat

an opp company

800 225 4728
custserv@ipat.com
www.ipat.com