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QUALIFICATIONS FORM — TESTS & ASSESSMENTS

We require that this form be completed to ensure the appropriate use of tests and assessments.

The person responsible for ensuring the appropriate use of tests and assessments is usually a licensed professional with supervised training and/or experience in the use of similar tests.

REQUIRED INFORMATION

This form is to be completed by the person with professional training or experience who will assure the appropriate use of tests and assessments on behalf of themselves, school, institution, organization, or other individual. This person is usually a licensed professional with supervised training and/or experience in the use of similar instruments.

Name _____
 School / Organization _____
 Address _____
 City _____
 Province/State _____ Postal/Zip Code _____
 Telephone _____
 Email _____



AREA OF SPECIALIZATION

- Special Education
- Speech & Language, Hearing
- School or Developmental Psychology
- Occupational Therapy
- School Counselling
- Clinical Psychology
- OTHER (specify) _____



LEVEL OF EDUCATION

(Evidence of appropriate training in the use of tests.)

- Bachelor's Degree Institution _____ Year _____ Major study _____
- Master's Degree Institution _____ Year _____ Major study _____
- Doctorate Institution _____ Year _____ Major study _____

PROFESSIONAL CERTIFICATION / LICENSE

I am licensed/certified with the following agency/association(s): _____
 License / Certificate # _____

TESTING PROFESSIONALISM

I agree to the following principles of testing professionalism:

- » responsibility for proper test use and releasing of test scores
- » access to tests is limited to persons with responsible professional interest
- » abide by the copyright laws (manuals, forms, and test booklets are not reproducible)

 Signature

 Date

In lieu of a signature, this emailed form sent from my email to sales@mindresources.com constitutes my signature of acceptance and compliance to the principles of testing professionalism.