Mind Resources Inc.

130 Shoemaker Street Kitchener, Ontario N2E 3G4



www.MindResources.com

Email: sales@mindresources.com Phone: 1-877-414-6463 FAX: 1-877-585-2992

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 themself, 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.

Scho	ool / Organization			
Add	ress			
Prov	Province/State Postal/Zip Code			
Tele	phone			
Ema	il			
	AREA OF SPEC			
☐ Special Education☐ Speech & Language, Hearing☐ Speech &				
		nguage, Hearing velopmental Psychology		
	☐ Occupationa	. , , , , , , , , , , , , , , , , , , ,		
	□ School Coun			
	☐ Clinical Psych	_		
		ify)		
	training in the use of tests.)			
☐ Bachelor's Degree		Year	•	
☐ Master's Degree		Year	•	
☐ Doctorate	Institution	Year	Major study	
PROFESSIONAL CEI	RTIFICATION / LICENS	SE		
am licensed/certified wit	th the following agency/ass	sociation(s):		
icense / Certificate #				
responsibility for proaccess to tests is limit	rinciples of testing profession per test use and releasing of ted to persons with respons	f test scores	cible)	
	Sigr	nature		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.