

## 1 Client informations

### Invoice to

Name	
# client	
Organisation	
Poste	
Adress	
City / Province	
Postal Code	
Phone number	

### Shipped (if different from the invoice address)

Name	
Organisation	
Poste	
Adress	
City / Province	
Postal Code	
Phone number	

## 2 Education

Baccalaureate	Year _____	Institutions _____	Major _____
Masters	Year _____	Institutions _____	Major _____
Doctorate (Ph.D.)	Year _____	Institutions _____	Major _____
Other	Year _____	Institutions _____	Major _____

## 3 Course followed

Check all course completed

U = Undergraduate G = Graduate O = Other - ENCIRLCE

<input type="checkbox"/> Basic test and measurements	U G O	<input type="checkbox"/> Use of test in counselling	U G O
<input type="checkbox"/> Descriptive Statistics	U G O	<input type="checkbox"/> Career assessment	U G O
<input type="checkbox"/> Intelligence cognitive testing	U G O	<input type="checkbox"/> Neuropsychological assessment	U G O
<input type="checkbox"/> Speech, hearing, language assessment	U G O	<input type="checkbox"/> Projective techniques	U G O
<input type="checkbox"/> Educational diagnostics	U G O	<input type="checkbox"/> Developmental milestone assessment	U G O
<input type="checkbox"/> Assessment course in major field	U G O	<input type="checkbox"/> Other (liste below)	U G O

## 4 Membership of professional organizations

<input type="checkbox"/> ASHA	<input type="checkbox"/> CPA	<input type="checkbox"/> CPO	<input type="checkbox"/> CPNB	<input type="checkbox"/> Other Study (check each type of program completed)
<input type="checkbox"/> NASP	<input type="checkbox"/> CASP	<input type="checkbox"/> OPPQ	<input type="checkbox"/> SEA	<input type="checkbox"/> Practicum in test administration and interpretation
<input type="checkbox"/> LDAC	<input type="checkbox"/> OPA	<input type="checkbox"/> OCCOQ	<input type="checkbox"/> CPBC	<input type="checkbox"/> Internship (list type school psychology, counseling, etc) : _____
<input type="checkbox"/> INS	<input type="checkbox"/> AERA	<input type="checkbox"/> OPQ	<input type="checkbox"/> CAP	_____
<input type="checkbox"/> HRCI	<input type="checkbox"/> APA	<input type="checkbox"/> CRHA		<input type="checkbox"/> Attending workshop, seminars, conferences (please specify): _____

Other : \_\_\_\_\_

Licence number : \_\_\_\_\_

## 5 Categories ( I have the qualification to purchase tests)

Level 1     Level 2     Level 3

## 6 Signature

I certify that all informations in this form are correct. I certify that I have the appropriate training and competences to administer, score and interpret the test and material I purchase. I assume the entire responsibility for the proper use of the test and material I buy from the Institute of Psychological Research. I agree to submit to the law on cpyright. Therefor, I refuse to reproduce any test or material in any way, without a written permission. My signature indicate that I accept the condition pre mentionned.

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