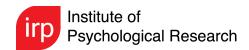
## Qualifications et Registration



## Client informations Invoice to **Shipped** (if different from the invioce address) Name # client Organisation Poste Organisation Adress Poste City / Province Adress City / Province Postal Code Postal Code Phone number Phone number Education Baccalaureate Year \_\_\_\_\_ Institutions \_ Masters Year \_\_\_\_\_ Institutions \_ \_\_\_\_\_ Major \_\_\_ Doctorate (Ph.D.) Year \_\_\_\_\_ Institutions \_\_\_ Other Year \_\_\_\_\_ Institutions \_ 3 Course followed U = Undergraduate G = Graduate O = Other Check all course completed Use of test in counselling UGO UGO ■ Basic test and measurements UGO ☐ Career assessment UGO ■ Descriptive Statistics ☐ Neuropsychological assessment UGO UGO ☐ Intelligence cognitive testing ☐ Projective techniques ☐ Speech, hearing, language assessment UGO UGO ☐ Developmental milestone assessment UGO UGO ☐ Educational diagnostics Other (liste below) Assessment course in major field UGO UGO Membership of professional organizations □ ASHA □ CPA □СРО □ CPNB Other Study (check each type of program completed) NASP **T**CASP □ OPPQ ☐ SEA Practicum in test administration and interpretation **I**LDAC **M**OPA **T**OCCOQ **□**CPBC ☐ Internship (list type schoool psychology, counseling, etc): \_\_\_\_\_ INS □ AERA OPQ CAP HRCI □ APA ☐ CRHA Attending workshop, seminars, conferences (please specify): \_\_\_\_ Licence number : \_\_\_\_\_ Categories (I have the qualification to purchase tests) Level 1 Level 2 Level 3 **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 agre to

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 agre 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: \_\_\_\_\_