

Research Assistance Program Application

Study Description and Signatures

To apply for the RAP (Research Assistance Program), please complete all 3 documents in this pdf: Study Description and Signature, the User Acceptance Form, and the order form. Also include your purchase order document if paying by purchase order.

All RAP paperwork (and purchase order document if applicable) needs to be submitted via Email or Fax:

Email: **ClinicalCustomerSupport@Pearson.com**

Fax: **800.232.1223**

If you have any questions regarding the RAP program, please call 800.627.7271.

- I. Title. Indicate the full title of the study that will be conducted. If you are requesting research assistance for more than one study, you must complete a separate application for each study.
- II. Principal Investigator. Indicate the name and institution of the principal investigator of the study. Also indicate the principal investigator's address (both current and permanent), daytime phone number, and email address.
- III. Other Investigators. Indicate the name and institution of all other investigators involved.
- IV. Purpose of the Study. Describe the general purpose of the study.
- V. Methodology. Describe the design of the study, including type(s) and number of participants, the data gathering procedures, the instruments used, and the proposed analyses.
- VI. Duration of the Study. Indicate the date you anticipate that you will complete a formal report of the results. The formal report should be submitted to Pearson within one month of this date.
- VII. Signatures and Authorization. For non-student researchers, your study description must be signed and dated by the principal investigator. For student researchers, your study description must be signed and dated by you and your supervisor, graduate advisor, or committee member. All applications are subject to review by the appropriate Pearson representatives.

I certify that the information contained in this proposal is accurate. I certify that all test materials and scoring services used under the Pearson Research Assistance Program (RAP) will be used in the above non-billable research project. I certify that the use of test(s) is clearly an appropriate application utilizing ethical administration procedures as defined in the test manual. I understand and agree that all materials utilized under this program are subject to the RAP contract terms and conditions stated and in the current Pearson catalogs. I understand that these materials may not be copied or reproduced in any way. In consideration of the granting of this research assistance for test materials and scoring services, I agree to provide Pearson with a formal report of the results of the research project described above within one (1) month after the report is completed. I authorize Pearson, on a royalty-free basis, to copy and distribute the formal report of this research project to interested researchers and clinicians.

I understand that this application is subject to review by the appropriate Pearson representatives.

Please complete the following signatures and authorization:

Principal Investigator's SIGNATURE

Print Name

Date

If the **principal investigator IS a student**, please also provide the following:

Research Supervisor, Graduate Advisor, or Committee Member SIGNATURE

Date

Full name of the Graduate Program and Institution

Pearson Representative SIGNATURE

Date

If the order is for an already approved study, please provide this information:

Name of approved study: _____

Name of primary investigator: _____

Account number: _____

800.627.7271 | PearsonClinical.com

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Pearson

RAP QUALIFICATION POLICIES & USER ACCEPTANCE FORM

Questions?
Call 800.627.7271

Qualifications Policy

Please establish your qualification level for this and future purchases by completing the User Acceptance Form. For faster service, fax form to 800.232.1223, or email this form along with your order to ClinicalCustomerSupport@Pearson.com.

Pearson is committed to maintaining professional standards in testing as presented in the *Standards for Educational and Psychological Testing* published by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME). A central principle of professional test use is that individuals should use only those tests for which they have the appropriate training and expertise. Pearson supports this principle by stating qualifications for the use of particular tests, and selling tests to individuals who provide credentials that meet those qualifications. The policies that Pearson uses to comply with professional testing practices are described below.

The "User" is the individual who assumes responsibility for all aspects of appropriate test use, including administration, scoring, interpretation, and application of results. Some tests may be administered or scored by individuals with less training, as long as they are under the supervision of a qualified User.

Each test manual will provide additional detail on administration, scoring, and/or interpretation requirements and options for the particular test.

We accept orders from individuals when a User Acceptance Form has been submitted and accepted. All tests are classified by a User qualification code. See the specific test descriptions in the catalog or on the Web for these qualification levels.

QUALIFICATION LEVEL A:

There are no special qualifications to purchase these products.

QUALIFICATION LEVEL B:

Tests may be purchased by individuals with:

- A master's degree in psychology, education, occupational therapy, social work, or in a field closely related to the intended use of the assessment, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

OR

- Certification by or full active membership in a professional organization (such as ASHA, AOTA, AERA, ACA, AMA, CEC, AEA, AAA, EAA, NAEYC, NBCC) that requires training and experience in the relevant area of assessment.

OR

- A degree or license to practice in the healthcare or allied healthcare field.

OR

- Formal, supervised mental health, speech/language, and/or educational training specific to assessing children, or in infant and child development, and formal training in the ethical administration, scoring, and interpretation of clinical assessments.

QUALIFICATION LEVEL C:

Tests with a C qualification require a high level of expertise in test interpretation, and can be purchased by individuals with:

- A doctorate degree in psychology, education, or closely related field with formal training in the ethical administration, scoring, and interpretation of clinical assessments related to the intended use of the assessment.

OR

- Licensure or certification to practice in your state in a field related to the purchase.

OR

- Certification by or full active membership in a professional organization (such as APA, NASP, NAN, INS) that requires training and experience in the relevant area of assessment.

We are committed to supporting the professional standards of our Customers, the integrity of our respected assessments, and the ethical obligations outlined by the American Psychological Association.



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User Acceptance Form

*Name _____

*Organization Name _____

*Telephone _____ *Fax _____

*E-mail _____

*Address _____

*City _____ *State _____ *Zip _____ *Country _____

1. Professional Title

- | | |
|--|---|
| <input type="checkbox"/> Audiologist
<input type="checkbox"/> Consultant/Specialist-Education
<input type="checkbox"/> Counselor-Family/Mental Health/Substance Abuse
<input type="checkbox"/> Counselor-Vocational/Academic
<input type="checkbox"/> Director-Clinical Training
<input type="checkbox"/> Early Childhood Professional
<input type="checkbox"/> Education Professional
<input type="checkbox"/> Educational Diagnostician
<input type="checkbox"/> Human Resources Professional
<input type="checkbox"/> Nurse
<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Physical Therapist
<input type="checkbox"/> Physician
<input type="checkbox"/> Principal
<input type="checkbox"/> Professor
<input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Psychologist-Clinical
<input type="checkbox"/> Psychologist-Forensic
<input type="checkbox"/> Psychologist-Industrial/Occupational
<input type="checkbox"/> Psychologist-Neuro
<input type="checkbox"/> Psychologist-School
<input type="checkbox"/> Psychometrist
<input type="checkbox"/> Public Safety Official
<input type="checkbox"/> School Social Worker
<input type="checkbox"/> Social Worker
<input type="checkbox"/> Special Education Professional
<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Student/Intern
<input type="checkbox"/> Teacher
<input type="checkbox"/> Testing Coordinator
<input type="checkbox"/> Training Development Professional
<input type="checkbox"/> Other: _____ |
|--|---|

2. Primary Work Setting:

Education

- ☐ Public School
- ☐ Private School
- ☐ Post-Secondary 4-year
- ☐ Post-Secondary 2-year
- ☐ Technical/Vocational College
- ☐ Head Start
- ☐ Daycare/Preschool
- ☐ Other: _____

Government

- ☐ Corrections
- ☐ Public Safety/High-Risk
- ☐ Military/VA
- ☐ CMHC
- ☐ Federal/State/Local Org
- ☐ Other (please specify) _____

Mental Health & Counseling

- ☐ Psychology & Counseling
- ☐ Hospital/University Hospital
- ☐ Neuropsychology
- ☐ Forensic Practice
- ☐ Psychiatric Practice
- ☐ Speech and Language
- ☐ Audiology
- ☐ Substance Abuse
- ☐ Career Counseling
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Nursing Home/Assisted Living

Medical Specialty

(e.g., Pain, Bariatrics, Rehab)

☐ _____

3. Highest professional degree attained:

*Degree _____ *Major Field _____ *Year _____

*Institution _____

4. Course work completed in Tests and Measurement: yes or no

If yes *Date _____ *Course _____

*Institution _____

☐ graduate level ☐ undergraduate level

5. Valid license or certificate issued by a state regulatory board:

*Certificate/License Type _____ *Number _____

*Certifying or Licensing Agency _____

*State _____ *Expiration Date _____

6. I have Full and Active Membership in the following Professional Organization(s):

☐ ASHA ☐ AOTA ☐ APA ☐ AERA ☐ ACA ☐ AMA ☐ NASP ☐ NAN ☐ INS ☐ CEC ☐ AEA ☐ AAA
☐ EAA ☐ NAEYC ☐ NBCC ☐ OTHER _____

Member No. _____ Member Type _____

I agree:

- To update my information upon request.
- I am qualified to properly use any Pearson Products I order, and I have provided Pearson with only accurate and true qualification information.
- Any Pearson Products purchased under my account will be used by me and/or under my supervision.
- Any Pearson Products purchased under my account will be used in accordance with all applicable legal and ethical guidelines.
- I have read and hereby agree to and accept Pearson's Terms and Conditions of Sale and Use of Pearson Products on all orders for my account and will abide by the Pearson Terms and Conditions and Qualification Policies (as may be modified or amended at PearsonClinical.com).
- I will not resell or reproduce any Pearson Products.
- Any violation of Pearson's Terms and Conditions of Sale and Use may result in the revocation of my right to purchase as a qualified Customer. If there are any changes that may affect my qualification to purchase, I will immediately notify Pearson of such changes.

*Signature _____ *Date _____

* Required fields

RAP Order Form 2018

1 Ship to: (Note: We cannot ship to P.O. Boxes)

Name _____
Title _____
Organization _____
Street _____
City _____ State _____ Zip _____
Phone () _____
Email _____
(Please use your Q account email above if ordering Q products.)

All RAP paperwork (and purchase order document if applicable) needs to be submitted via Email or Fax:

Email: ClinicalCustomerSupport@Pearson.com or Fax: 800.232.1223

If you have any questions regarding the RAP program, please call 800.627.7271.

2 Bill to: (if different)

Name _____
Street _____
City _____ State _____ Zip _____
Phone () _____
Email _____

Have you ordered from Pearson before?

☐ Yes ☐ No (If first order, please complete Qualification online at PearsonClinical.com/Qualification)

Ordering Q products? Please identify for what type of account:

☐ New User ☐ Q-global® ☐ Q-interactive® ☐ Q-Local™

Q-global account # _____

Q-interactive account # _____

3 Product Description or attach Purchase Order (PO)

	Product Number	Quantity	Unit Price	Total Price

4 Payment (Note: We cannot accept cash)

☐ Purchase Order* # _____

*If you are submitting a purchase order, please attach it to this completed order form.

Pearson only accepts credit card payments through its e-commerce portal, call center and remote call centers at selected Events. Credit Card information is not accepted via paper order to protect your personal information.

Prices effective from January 1, 2018 to December 31, 2018 and subject to change without notice. Terms are balance net 30 days, Risk of loss is FOB destination with shipping charges added to invoice per chart (at right). If prices on your order are incorrect, we reserve the right to exceed the amount up to 10% unless otherwise stated on your order. Please see Terms & Conditions at PearsonClinical.com.

MAIL: Pearson
Clinical Assessment
Ordering Department
P.O. Box 599700
San Antonio, TX 78259

PHONE: 800.627.7271
FAX: 800.232.1223

For faster processing, complete the webform at pearsonclinical.com/orders and attach this form along with any purchase orders/quotes.

Select 'order/status' as your submission category. If your order is for multiple products, please type in the name of one product. Then enter information on your additional product(s) in the paragraph field.

5 Shipping

Standard Shipping
(shipped within 48 hours)

ORDER SIZE	CHARGE
< \$500	6% (Minimum \$10)
\$500 to \$2499	5%
\$2500+	4%

Tax Exempt?

Pearson must have a copy of certificate on file.

Subtotal \$ _____
Add state and local tax (OFFICE USE ONLY) \$ _____

☐ Standard Order Shipping \$ _____

☐ Additional Shipping Charges* \$ _____

(OFFICE USE ONLY) TOTAL \$ _____

*2ND DAY: Add \$14.00 to standard shipping price. **OVERNIGHT:** Add \$21.00 to standard shipping price. **INTERNATIONAL:** Add \$25.00 to standard shipping price. **ALASKA, HAWAII, PUERTO RICO, AND VIRGIN ISLANDS:** Add \$10.00 priority charge to standard shipping price.

6 Authorization

I authorize Pearson to ship this order and agree to the terms set forth on the Pearson website, including the terms of the User Acceptance Form, the Terms & Conditions and the Returns Policy at PearsonClinical.com.

Authorized Signature _____

Title _____ Date _____



Canadian customers, please contact our Pearson Canada office to place your order at 866.335.8418.

Office Use _____



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