

IPAT USER QUALIFICATION

Because of the sensitive nature of psychological testing and assessment materials, IPAT, Inc. has established test user qualification guidelines that restrict the sale and distribution of our testing products. IPAT, Inc. will provide these instruments to those professionals who provide us with credentials regarding licensure, education, training and experience, and/or affiliation that supports the professional's stated ability to use the materials for their intended purposes.

REVISED GUIDELINES

IPAT's revised testing guidelines take into consideration the different testing requirements that professionals encounter in clinical/educational settings compared to human resources and personnel management settings. For example, while clinical and educational diagnostic professionals must be extremely skilled in test interpretation since such interpretation relates to treatment planning, workplace assessment professionals must be equally knowledgeable of such regulations as the Equal Employment Opportunity Commission's (EEOC) Uniform Guidelines on Employee Selection Procedures and related employment laws.

USER QUALIFICATION FORM

Name: _____ Title: _____

Organization: _____ # of Employees: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____ Fax: _____

E-mail: _____

APPLICATIONS (Check ALL areas in which you use assessments)

- | | |
|--|--|
| <input type="checkbox"/> Selection | <input type="checkbox"/> Outplacement/Career Transition Counseling |
| <input type="checkbox"/> Coaching/Development | <input type="checkbox"/> Career Exploration/Educational Counseling |
| <input type="checkbox"/> Organizational Development/Change | <input type="checkbox"/> Individual/Couple/Family Counseling |
| <input type="checkbox"/> Training or Classroom Education | <input type="checkbox"/> Clinical Evaluations |
| <input type="checkbox"/> Research | |

TYPE OF ORGANIZATION (Check the ONE organization type that best describes your work setting)

- | | |
|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Government - Federal |
| <input type="checkbox"/> Non-Profit Organization | <input type="checkbox"/> Government - State or Local |
| <input type="checkbox"/> Clinic/Hospital/Health Care | <input type="checkbox"/> Individual/Small Group Practice |
| <input type="checkbox"/> HR/Management Consulting Firm | |
| <input type="checkbox"/> Business/Industry (If "Business/Industry" is checked, also check applicable sector below) | |
| <input type="checkbox"/> Technology/Telecommunications | <input type="checkbox"/> Communications/Publishing/Printing |
| <input type="checkbox"/> Service/Hospitality | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Utilities/Petrochemical | <input type="checkbox"/> Construction/Engineering/Architecture |
| <input type="checkbox"/> Finance/Insurance/Real Estate | <input type="checkbox"/> Cultural |
| <input type="checkbox"/> Retail/Wholesale | <input type="checkbox"/> Recreation/Leisure/Athletics |
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Other _____ |

I GRANT IPAT PERMISSION TO E-MAIL ME TO KEEP ME INFORMED OF IPAT OFFERINGS AND SERVICES:

- Yes No

WHAT TRACK ARE YOU APPLYING FOR? (Check selection)

- Clinical/Educational (C/E)
 Human Resources/Organizational Development (HR/OD)
 Both (C/E & HR/OD)



1. RELEVANT DEGREES ATTAINED:

a. Graduate Level: (List all that apply)

Degree _____

1. Major Field _____

2. Minor Field _____

b. Undergraduate: (List all that apply)

1. Degree _____

2. Major Field _____

3. Minor Field _____

c. Additional Degrees: (List all that apply) _____

2. SPECIFIC COURSE WORK COMPLETED RELATED TO PSYCHOLOGICAL ASSESSMENT, SUCH AS TESTS AND MEASUREMENTS, APPLIED STATISTICS, EVALUATION PRACTICUM.

a. Graduate Courses and Dates (List):

b. Undergraduate Courses and Dates (List):

c. Other Related Courses and Dates (List):

Note: Active NCCs do not need to complete this item if applying for HR/OD Level 2.

3. PARTICIPATION IN TEST AND MEASUREMENT WORKSHOPS (Not IPAT-sponsored):

a. Advanced Workshops, Sponsors and Dates (List):

b. Intermediate Workshops, Sponsors and Dates (List):

c. Basic Workshops, Sponsors and Dates (List):

4. PARTICIPATION IN IPAT-SPONSORED CERTIFIED TALENT CONSULTANT ASSESSMENT WORKSHOPS:

Course: _____ Date: _____

Course: _____ Date: _____

Course: _____ Date: _____

Course: _____ Date: _____

Course: _____ Date: _____

5. PROFESSIONAL ORGANIZATION MEMBERSHIPS: (Check all that apply)

American Medical Association (AMA)

American Nurses Association (ANA)

American Psychological Association (APA)

American Psychological Society (APS)

American Psychotherapy Association (APA)

American Society for Training and Development (ASTD)

National Association of Social Workers (NASW)

National Board for Certified Counselors, Inc. (NBCC)

Society for Human Resources Management (SHRM)

Society for Industrial and Organizational

Others (List all) _____



6. LIST ANY TYPE OF SUPERVISED EXPERIENCE YOU HAVE RECEIVED IN ADMINISTERING AND USING PSYCHOLOGICAL TESTS AND SERVICES:

Note: Active NCCs do not need to complete this item if applying for HR/OD Level 2.

- a. Type of Supervised Experience:

- b. Supervisor's Qualifications:

- c. Length of Experience (Months/Years):

7. LIST ALL PROFESSIONAL LICENSURES AND/OR CERTIFICATIONS RELEVANT TO ASSESSMENT AND TESTING:

- a. Professional Licensure (List all)
 - Title _____
 - Certifying Agency _____
 - State (If relevant) _____
 - Number _____
 - Expiration Date _____
- b. Professional Certification (List all)
 - Title _____
 - Certifying Agency **NBCC**
 - State (If relevant) _____
 - Number _____
 - Expiration Date _____

I AGREE THAT:

- I have read and will abide by IPAT's Terms and Conditions.
- I reiterate that I am qualified to use properly the IPAT products that I order, and I have provided IPAT with only accurate and true qualification information.
- Any IPAT assessment products and services purchased under my account will be used in accordance with all applicable legal and ethical guidelines.

I agree to the above conditions: Yes No

Signature _____ Date _____

PLEASE RETURN THE COMPLETED FORM TO:

Fax: 217.352.9674
Mail: IPAT Qualification Form
1801 Woodfield Drive
Savoy, IL 61874

This form can also be completed online at www.IPAT.com/userqual