

2024 Test Purchaser Qualification Form

Riverside Assessments, LLC d/b/a Riverside Insights (f/k/a "Houghton Mifflin Harcourt") requires all first-time test purchasers to furnish evidence of their qualifications to use tests. Test use should be consistent with sound professional practice, particularly those principles outlined in the 1999 APA, AERA, NCME publication, *Standards for Educational and Psychological Testing* and APA's guidelines for test user's qualifications, (2001), *American Psychologist*, 56, 1099-1113. Supply the information requested below, read carefully the "Principles of Effective Test Use," and sign the form to indicate acceptance of the responsibility for proper use of tests.

Identification Information (Please print or type and complete all blanks.)

Name _____
Phone () _____ Fax () _____
Address _____
City _____ State _____ Zip _____

Email Address _____
Sales Tax Exempt No. _____

(Attach copy of certificate.)

Charge to:

Name _____
Position _____
Organization _____
Billing Address _____
City _____ State _____ Zip _____
Email Address _____

Sold to: (if different from billing address)

Name _____
Position _____
Organization _____
Shipping Address _____
City _____ State _____ Zip _____
Email Address _____

A. Evidence of Appropriate Training in the Use of Tests

1. Your level of training (Check as many as apply.)

- Bachelor's Degree Year _____ Institution _____ Major field of study _____
- Master's Degree Year _____ Institution _____ Major field of study _____
- Doctorate Year _____ Institution _____ Major field of study _____

2. Your professional credentials (Check as many as apply.)

- Licensed/Certificate In: Area _____ State _____ Certifying or Licensing Agency _____
License/Certification Expiration Date _____ License/Certificate Number _____
- Member of professional organizations (Check all that apply.) ACA AERA AMA APA ASHA CEC NASP NCME Other _____
Member Number: _____ Member Level: Fellow Associate Student Other _____
- Formally recognized professional competence (fellow, diplomate, special certificate): Fellow Diplomate Other Certification
Organization _____ Number _____ Date Issued _____ Expiration Date _____

3. Your educational background (courses and other study)

a. Courses (Check each course completed and check the level at which course was completed.)

U=Undergraduate, G=Graduate

- Basic tests and measurements _____ U _____ G _____ Educational diagnostics _____ U _____ G _____
- Descriptive statistics _____ U _____ G _____ Neuropsychological assessment _____ U _____ G _____
- Intelligence/cognitive testing _____ U _____ G _____ Projective techniques _____ U _____ G _____
- Speech, hearing, language assessment _____ U _____ G _____ Developmental milestone assessment _____ U _____ G _____
- Assessment course in major field: _____ U _____ G _____ Other (list below) _____ U _____ G _____

(Check each type of program completed.)

- Practicum in test administration and interpretation
- Internship (list type: school psychology, counseling, etc.) Type: _____ Level: Masters Doctorate

B. Evidence of Acceptance of the Responsibility for Sound Use of Tests

Principles of Effective Test Use

Sound, professional use of educational and psychological tests means that all test users must:

1. Maintain the security of testing materials before and after testing;
2. Avoid labeling students based on a single test score;
3. Adhere strictly to the copyright law and under no circumstances photocopy or otherwise reproduce answer forms, test books, or manuals;
4. Administer, score, interpret, and use tests exactly as specified in the manual; and
5. Release results only to authorized persons and in a form in keeping with accepted principles of test interpretation.

I certify to Riverside Assessments, LLC d/b/a Riverside Insights that I am qualified to properly administer, score, and interpret the test materials I seek to purchase and provided Riverside Insights with true and accurate qualification information. Riverside Insights products purchased under my account will only be used by me and/or under my supervision. I assume full responsibility for the proper use of the testing material I order from Riverside Insights including use in accordance with all applicable legal and ethical guidelines. My signature indicates acceptance of and compliance with the above principles and that I have read the qualification criteria and will apply all terms and conditions to all orders.

Signature _____ Date _____

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