



PSYCHOLOGICAL RESOURCES CENTER

Enhancing Quality of Life thru Excellence in Psychological Testing Services

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QUALIFICATION/ACCEPTANCE OF RESPONSIBILITY FORM

The Psychological Resources Center (PSYCENTER) requires all first time buyers to provide evidence of their professional qualification to use psychological tests materials. Please fill in the information requested below. Read carefully the Acceptance of Responsibility clause and sign the form to indicate acceptance in the proper use of the materials.

Identification Information (Please print or type)

Name _____	Company Employer _____
Phone _____ Fax _____	Phone _____ Fax _____
Position _____	Supervisor _____

A. Appropriate Training in the Use of Tests

1. Level of training (Please check.):

- Doctoral Year _____ Institution _____ Field of Study _____
- Masters Degree Year _____ Institution _____ Field of Study _____
- Bachelor's Degree Year _____ Institution _____ Field of Study _____

2. Areas of Expertise (Please check appropriate boxes)

- | | | |
|---|---|--|
| <input type="checkbox"/> Clinical/Mental Health | <input type="checkbox"/> Special Education | <input type="checkbox"/> Occupational Therapy |
| <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Career and Vocational Training | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> School Psychology | <input type="checkbox"/> Personal | <input type="checkbox"/> Speech/Language/Hearing |
| <input type="checkbox"/> Marriage & Family Counseling | <input type="checkbox"/> Others: _____ | |

3. Courses (Please check boxes.):

- | | |
|---|---|
| <input type="checkbox"/> Basic Tests and Measurement | <input type="checkbox"/> Assessment course in major field |
| <input type="checkbox"/> Descriptive Statistics | <input type="checkbox"/> Use in Test Counseling |
| <input type="checkbox"/> Intelligence/cognitive Testing | <input type="checkbox"/> Career Assessment |
| <input type="checkbox"/> Speech, hearing, language assessment | <input type="checkbox"/> Education Diagnostics |
| <input type="checkbox"/> Projective techniques | <input type="checkbox"/> Neuropsychological assessment |
| <input type="checkbox"/> Others (Please List.) _____ | |

4. Other Study (Please check boxes.):

- Practicum in test Administration Internship (school psychology/counseling)
- Attending workshop/seminars (Please specify.) _____

B. Acceptance of Responsibility for the Use of Tests

Professional use of educational and psychological tests measure that all tests users must:

- Maintain the security of testing materials before and after testing.
- Administer, score, interpret and use tests exactly as specified in the manual.
- Release results and other information about the psychometric exams only to authorized persons, and in form of keeping with accepted principles of tests interpretation.
- Adhere strictly to the COPYRIGHT LAW and under no circumstances photocopy or otherwise reproduce answer forms, test booklets, or manuals.

I certify that I have the appropriate training and competence to administer, score and interpret the test materials being purchased. I assume full responsibility for the proper use of the testing materials I order from PSYCENTER. I affix my signature to indicate acceptance of and compliance with the above principles.

Signature over Printed Name

Date