

## Registration Form

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

1. Type of organization (i.e., business, tutoring agency, etc.) \_\_\_\_\_

2. Describe the types of activities which involve the use and interpretation of standardized tests. Attach printed descriptive materials, if available. \_\_\_\_\_

3. If your organization is nonprofit, name the sponsoring individuals or groups, or the accrediting body. \_\_\_\_\_

4. Does your organization provide testing and counseling by mail?  Yes  No  
If Yes, describe on a separate sheet of paper and attach to this form.

5. If your testing program is presently under the supervision of outside consultants, give their names and addresses. \_\_\_\_\_

6. Within your organization, who is responsible for the testing program?

Name \_\_\_\_\_ Title \_\_\_\_\_

Is the person named above a member of the American Psychological Association?

Yes If yes, it is not necessary to complete the rest of this form. **Please provide the required signature and date below.**

No If no, please attach to this form a summary of the person's formal training in the use of tests and measurements, listing course titles, professors, institutions, and dates.

7. Describe the experience of the person named above in the use and interpretation of tests.

Year(s)	Organization	Position	Tests Used

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_