

Please complete the following form before placing an order or registering for an online testing account. We will review your application and determine your test user qualification level. Thank you and we will contact you within the next 3-5 business days. In the meantime if you have any questions, please contact SIGMA/RPP.

### Qualified User

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Educational Background

<u>Degree</u>	<u>Year Completed</u>	<u>Institution</u>	<u>Major</u>
Bachelors:	_____	_____	_____
Masters:	_____	_____	_____
Doctorate:	_____	_____	_____
Other:	_____	_____	_____

List any relevant course work completed in Assessments and Measurement, as well as any relevant experience.

\_\_\_\_\_  
\_\_\_\_\_

### Professional Licensure and Memberships

\_\_\_\_\_  
\_\_\_\_\_

### Purpose

Which assessment(s) would you like to use?

\_\_\_\_\_

Briefly describe your testing needs: \_\_\_\_\_

\_\_\_\_\_

How did you hear about us? (please check)

- |   |                                      |  |  |  |
|---|--------------------------------------|--|--|--|
| <input type="checkbox"/> SIGMA website    | <input type="checkbox"/> catalog     | <input type="checkbox"/> colleague         | <input type="checkbox"/> industry website      | <input type="checkbox"/> conference display/presentation |
| <input type="checkbox"/> magazine article | <input type="checkbox"/> magazine ad | <input type="checkbox"/> marketing letter  | <input type="checkbox"/> marketing email       | <input type="checkbox"/> research article                |
| <input type="checkbox"/> search engine    | <input type="checkbox"/> book        | <input type="checkbox"/> teacher/professor | <input type="checkbox"/> Other (specify below) |  |

If you heard about us through means other than those listed above, please specify: \_\_\_\_\_

\_\_\_\_\_

### Supervision

\_\_\_ I am a graduate student. My professor has endorsed my order below.

\_\_\_ I confirm that the individual listed below is qualified and is willing to supervise the use of the assessments purchased.

Supervisor's Name: \_\_\_\_\_ Date: \_\_\_\_\_

### Confirmation

By checking the box below, I agree that:

- I am qualified to properly use the SIGMA/RPP assessments I order, and I have provided SIGMA/RPP with thorough and accurate information.
- Any SIGMA/RPP assessments purchased under my account will be used by me or under my direct supervision.
- Any SIGMA/RPP assessments purchased under my account will be used according to all applicable ethical and legal guidelines.
- I have read and hereby apply SIGMA/RPP terms and conditions to all orders on my account and will abide by the SIGMA/RPP terms and conditions set forth online at <http://sigmatesting.com/information/termsfuse.htm>.

I agree \_\_\_\_\_