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If you meet the Education Eligibility requirement, you will be able to purchase and administer instruments but you will not be considered a Certified Practitioner. Only those practitioners who attend and successfully complete a Certification Program for an instrument will be granted the Certified Practitioner designation for that instrument.

LICENSE STATEMENT

I understand the elements of testing essential to the appropriate use of standardized tests and I have personal knowledge of professional testing standards, including APA-AERA-NCME Standards for Educational and Psychological Testing, and I agree to follow those standards. I further represent and warrant to CPP that I possess the appropriate training and competencies to use the testing materials and services I seek to license. I agree that my use of such materials will adhere to applicable local and national laws and regulations and the ethical principles of my profession. I agree that I will provide appropriate, interactive interpretations for all individuals for whom I administer restricted assessments. I agree to follow CPP's Trademark Guidelines at all times. I assume full responsibility for the proper use of the testing material I order from CPP. I agree that CPP's test instruments are licensed and not sold to me, and I agree not to resell, sublicense, export, redistribute, or otherwise transfer for use by another person or entity any copy of any such instruments. I understand and agree that CPP may use any personal information I provide in accordance with CPP's Privacy Policy.

CPP ELIGIBILITY FORM

PHOTOCOPY AS NEEDED

1 NAME I AM A STUDENT; PROFESSOR'S SIGNATURE BELOW (#4) TAX EXEMPT # (IF APPLICABLE—ATTACH COPY OF CERTIFICATE)
 1-10 11-50 51-100 101-500 501-1000 1001+
 ORGANIZATION # OF EMPLOYEES IN ORGANIZATION
 TITLE E-MAIL
 STREET ADDRESS
 CITY/STATE/ZIP
 WORK PHONE CELL PHONE FAX

2 WHICH OF THE FOLLOWING DESCRIBES YOUR HIGHEST LEVEL OF EDUCATION OBTAINED?

- DOCTORATE MASTER'S

FIELD INSTITUTION YEAR GRADUATED
 LICENSE: AREA? LICENSE #
 PROFESSIONAL CERTIFICATION: AREA?

PLEASE SPECIFY PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (DO NOT USE ABBREVIATIONS)

LIST MBTI® QUALIFICATION OR CERTIFICATION WORKSHOPS YOU HAVE ATTENDED

- AMA APT CAPT CPP OKA QUALIFYING.ORG INTERSTRENGTH TYPE RESOURCES ZEISSET MYERS & BRIGGS FOUNDATION (FORMERLY TRI)

LOCATION DATE ATTENDED
 STRONG CERTIFICATION WORKSHOP FIRO® CERTIFICATION WORKSHOP CPI 260® CERTIFICATION WORKSHOP
 LOCATION DATE ATTENDED

3 SELECT YOUR ORGANIZATION CLASSIFICATION BUSINESS EDUCATION GOVERNMENT

IN WHAT INDUSTRY IS YOUR ORGANIZATION? (CHECK ONE)

- | | | |
|--|--|--|
| <input type="checkbox"/> CHARITABLE/RELIGIOUS ORGANIZATION | <input type="checkbox"/> WHOLESALE/RETAIL SALES | <input type="checkbox"/> T/D LG CONSULTING EXEC COACH |
| <input type="checkbox"/> HEALTH CARE | <input type="checkbox"/> MANUFACTURING/PUBLISHING/AGRIC. | <input type="checkbox"/> T/D LG CONSULTING GROUP COACH |
| <input type="checkbox"/> HI-TECH/TELECOMMUNICATIONS | <input type="checkbox"/> INSURANCE/FINANCIAL/LEGAL | <input type="checkbox"/> T/D SM CONSULTING EXEC COACH |
| <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> TRANSPORTATION | <input type="checkbox"/> T/D SM CONSULTING GROUP COACH |
| <input type="checkbox"/> UTILITIES | <input type="checkbox"/> EDUCATION/K-12 | <input type="checkbox"/> INDEPENDENT CAREER COACH |
| <input type="checkbox"/> RETAIL BOOKSTORE | <input type="checkbox"/> 4-YEAR COLLEGE/UNIVERSITY | <input type="checkbox"/> PRIVATE/CLINICAL COUNSELING |
| | <input type="checkbox"/> COMMUNITY COLLEGE | <input type="checkbox"/> TECHNICAL SCHOOL |

WHAT IS YOUR ROLE IN YOUR ORGANIZATION? (CHECK ONE)

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> ACADEMIC/PROFESSOR/TEACHER | <input type="checkbox"/> T/D INTERNAL TRAINER/OD CONSULTANT | <input type="checkbox"/> PERSONAL USE |
| <input type="checkbox"/> ADMINISTRATION/CLERICAL ASST. | <input type="checkbox"/> T/D EXTERNAL TRAINER/OD CONSULTANT | <input type="checkbox"/> STUDENT |
| <input type="checkbox"/> CAREER COUNSELOR | <input type="checkbox"/> HUMAN RESOURCE PROFESSIONAL | <input type="checkbox"/> OTHER _____ |

FOR WHAT PURPOSE DO YOU MOST FREQUENTLY USE ASSESSMENTS? (CHECK ALL THAT APPLY)

- | | | |
|--|---|---|
| <input type="checkbox"/> CAREER EXPLORATION & DEVELOPMENT | <input type="checkbox"/> INTERPERSONAL WORK RELATIONSHIPS | <input type="checkbox"/> MOTIVATION |
| <input type="checkbox"/> CAREER TRANSITION/OUTPLACEMENT | <input type="checkbox"/> LEADERSHIP/EXECUTIVE DEVELOPMENT | <input type="checkbox"/> RESEARCH |
| <input type="checkbox"/> CONFLICT MANAGEMENT | <input type="checkbox"/> ORG. DEVELOPMENT & CHANGE | <input type="checkbox"/> SKILLS ASSESSMENTS |
| <input type="checkbox"/> EMPLOYEE RETENTION | <input type="checkbox"/> ORG. CULTURE/VALUES/DIVERSITY | <input type="checkbox"/> TEAM BUILDING |
| <input type="checkbox"/> EMPLOYEE RECRUITING/SCREENING/SELECTION | <input type="checkbox"/> PERSONAL GROWTH & DEVELOPMENT | <input type="checkbox"/> OTHER _____ |

4 I agree to the License Statement.

LICENSEE'S (CUSTOMER) SIGNATURE DATE

I agree to supervise this student's use of the ordered items and agree to the License Statement.

PROFESSOR'S SIGNATURE DATE

PRINT PROFESSOR'S NAME UNIVERSITY DEPT.